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Building Bridges:

Collaborations and Communities in Aging

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Book of Abstracts



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Dr. Jocelyn Brown¹

1. Ohio University

A Grounded Theory Study of Person-Centered Care Practices in Adult Foster Care in Indiana

Student Paper Presentation

Ms. Grace Jacobs¹, Dr. Kelly Munly¹

1. The Pennsylvania State University

In this paper presentation, we will present findings resulting from a qualitative study on resident and care provider relationships and person-centered care practice in recreational activities in Adult Foster Care (AFC) contexts in Indiana. Researchers used a social constructivist approach to grounded theory methodology, including semi-structured interviews with AFC providers. This presentation will include discussion of authors' reflexivity, approaches to recruitment, analytical strategies, emergent codes, and implications. The AARP has emphasized Indiana's person-centered care practices in response to the Olmstead Decision. This study focuses in particular on how providers facilitated person-centered care in the context of recreational activities with residents, with the potential to provide others with a deeper understanding of applications to practice settings. This research can help support care environments for both residents and caregivers, including a more supportive community context for AFC on regional, state and national levels. This research can also help families be informed in their decisions regarding end-of-life care, with an understanding of the relationships the individuals receiving care will be experiencing in their last years. The current study will also be discussed in the context of prior AFC research. AFC structure and practice varies by state, and consequently results are important to analyze and consider relevance within state contexts, but with consideration of applications to and lessons learned for other state systems, as well as long-term care in the nation as a whole.

A Proclivity for Generativity: African American Families Discussing Generational Marital Practices

Professional Paper Presentation

Dr. Antonius Skipper¹, Ms. Evelyn Lee¹, Dr. Andrew Rose², Dr. Emily McKnight³

1. Georgia State University, 2. Texas Tech University, 3. University of North Texas

Often adopting deficit-based perspectives of African American families, existing research largely ignores relational practices that contribute to the stability and well-being of African American marriages across the life course. Research acknowledges that stressors such as financial strain, unemployment, systemic racism, and caregiver burden disproportionately affect African American relationships. Still, little is known about how the middle and old-age couples that overcome these barriers share their marital lessons across generations. The current study addresses this gap in research by analyzing the data of married couples from the American Families of Faith dataset to highlight the whys, hows, and processes associated with marital messages and forms of advice within and across generations. Using a grounded theory approach and 1100 pages of narrative data from 57 middle and old-age African American couples, representing 11 U.S. states, findings from this study highlight how marital stability informs and is informed by younger generations (e.g., children), similar generations (e.g., friends), and older generations (e.g., mentors). This study addresses a significant gap in existing literature and helps to counter the deficit narratives often associated with African American families and marriages. In addition, this study helps researchers and practitioners to understand the nuances of generativity relative to enduring, strong African American marriages.

Addressing Dental Care Access Barriers Faced By Aging Virginians

Professional Poster Presentation

Dr. Patricia Bonwell¹, Dr. Leland Waters¹

1. VCU GWEP

Oral health is a crucial component of overall health, especially regarding the oral-systemic relationship in members of Virginia's growing geriatric population. However, 56% of Virginia's older adults do not have dental insurance and are on fixed incomes inhibiting purchase of dental plans and out of pocket payments and many also face limited transportation options. To address dental care access barriers, the Virginia Center on Aging (VCOA), the Better Housing Coalition (BHC), a non-profit organization that builds and renovates affordable housing for older adults, and the Lucy Corr Foundation Dental Clinic (LCFDC) fostered a local community initiative to assist residents of BHC properties to receive on-site dental screenings and oral health education. Screenings are coordinated by the VCOA GWEP project initiative leader and scheduled with BHC Resident Service Coordinators. The dental screenings are provided by volunteer licensed dentists. After screenings, residents are contacted by the LCFDC Dental Clinic Coordinator, and scheduled for dental care in the LCFDC. The Dental Clinic Coordinator also assists with coordinating transportation to the clinic, as needed. The oral screenings and dental care received in the LCFDC are provided free of charge to eligible uninsured Virginia adults aged 65 and over, thanks to volunteers, students of oral health, donations and grant funding. Three on-site visits, beginning in late September of 2024, have enabled BHC residents to receive over \$3,000 worth of free dental care. This collaborative effort will continue with plans to expand enabling an increase in dental care access by combatting barriers faced by aging Virginians.

Addressing Health Disparities Among Older Korean Americans in Alabama: A Collaborative Framework for Community Outreach

Professional Poster Presentation

Dr. Maya Martin¹, Mr. Joshua Ju², Ms. Racquel McLean¹

1. Alabama A&M University, 2. Brentwood High School

The U.S. Asian population, with roots in over 30 countries, is highly diverse, yet existing research often aggregates Asian American and Pacific Islander (AAPI) data, masking subgroup differences. This issue is compounded by a focus on metropolitan areas, leaving smaller or rural communities underrepresented. In Alabama, where Asians make up 6% of the total population but only 0.9% of those aged 65 and older, health disparities among older Asian Americans remain poorly understood. Drawing on Wu, Mao, Qi, and Pei's (2021) integrative framework for immigration, aging, and health status, this study examines how structural, community, and individual factors shape health outcomes for older Korean Americans in Alabama. It also examines the dynamic pathways and interactions shaping the lives of older Korean Americans in Alabama. Additionally, this paper highlights how the Alabama A&M University Geriatric Workforce Enhancement Program (GWEP) employs a collaborative framework to enhance outreach and support within Korean communities in Alabama.

Wu, B., Mao, W., Qi, X., & Pei, Y. (2021). Immigration and oral health in older adults: An integrative approach. *Journal of Dental Research*, 100(7), 686–692. doi: 10.1177/0022034521990649

Addressing Physical Inactivity in Older Adults: Socioecological Barriers and Solutions Across Rural Communities

Virtual Presentation

Mrs. LYDIA HOSKINS¹, Dr. Jodi Southerland¹

1. East Tennessee State University

Physical inactivity among older adults is a critical public health issue across the United States, exacerbated by urban-rural disparities that limit active living opportunities, particularly in underserved and rural areas. Physical activity plays a key role in reducing chronic disease risk, preventing fall-related injuries, and improving mental well-being in older populations. This qualitative study examined the socioecological barriers to physical activity and identified actionable solutions that can be tailored to diverse communities nationwide, focusing on insights from East Tennessee.

Eleven participants—six community partners and five older adults with varying physical activity levels—participated in one-hour focus groups in March/April 2024. The facilitation of separate sessions allowed for targeted discussions that integrated lived experiences and professional perspectives. Using a semi-structured interview guide, participants shared their attitudes, beliefs, and behaviors related to physical activity and provided practical recommendations for improvement.

Key barriers to physical activity included individual factors (physical, psychological, and social health), organizational limitations (capacity and program overlap), and community issues (rurality and infrastructure absence). These barriers disproportionately impact lower-income and marginalized older adults, underscoring the need for multi-level community interventions.

Proposed solutions emphasized peer relationships, developing culturally tailored programming, implementing inclusive marketing strategies, and encouraging multi-sectoral collaborations to address regional disparities and promote equitable access to physical activity opportunities for all older adults. By integrating these insights, community health initiatives can better support active lifestyles and overall well-being among rural older adults. This study provides a framework for creating sustainable, tailored interventions to bridge the gap in physical activity access.

Adult Guardianship Data Improvement: A Retrospective on 20 Years of Advocacy

Student Poster Presentation

Mr. Monroe Molesky¹

1. University of Mississippi Medical Center

A shifting demographic trend indicates that 21% of Americans are expected to be 65 or older by 2030. Among this aging population, many older adults will experience dementia, strokes, and other physical and mental health conditions that may limit their ability to care and make informed decisions for themselves. In these cases, states have long-standing laws governing the legal appointment of guardians (i.e., a family member, friend, or independent representative) that are authorized to make medical, financial, and other life decisions on their behalf. While guardianships are essential, there is a long-track record of issues in this space—from financial fraud and neglect by guardians to the shortage of guardians themselves. Advocates and policymakers have pointed to the lack of data as a contributing factor to these challenges. Few states have centralized means to track the number of guardianships (the “best guess” is that 1.3 million Americans are under some type of guardianship), provide financial oversight, or measure performance. Beyond these individual impacts, the unavailability of standardized data inhibits research of health impacts, economic costs, and other elements to understand and improve guardianships at the organization and system-levels. However, since the early 2000s, certain policy advocacy has helped make some data improvements and otherwise highlight where unaddressed gaps remain—with a focus on collaboration between patients, caregivers, healthcare providers, courts/lawyers, and other stakeholders. This paper analyzes the landscape of adult guardianships, existing data challenges and prior collaborated advocacy efforts, and describes future opportunities to improve research, policy, and practice.

Advancing Age-Friendly Care: The Geriatric Scholar Program's Innovative Advocate Role

Workshop/Presentation

Dr. David James¹, Mrs. Courtney Hall¹, Dr. Jada Finley¹, Mrs. Emily Simmons², Ms. Terri Middlebrooks¹

1. University of Alabama at Birmingham, 2. University of Alabama Birmingham

Background

The aging population is fueling a need for healthcare professionals with geriatric expertise. In 2009, a large academic medical center launched the Geriatric Scholar Program (GSP) to address this gap, incorporating the Advocate Role to empower interprofessional teams in leading Age-Friendly initiatives.

Purpose

This presentation describes the GSP's development and highlights how the Advocate Role supports professional identity formation while bridging education and practice.

Methods

Informed by the Professional Identity Formation framework and the IHI 4Ms model, the GSP delivers a comprehensive two-year curriculum for licensed professionals. Year one includes didactic lectures, case studies, clinical rotations, and simulations. Year two emphasizes quality improvement projects, utilizing the IHI Model for Improvement as a guide.

Results

Since inception, over 280 scholars across more than 40 practice areas have completed more than 150 projects, resulting in stakeholder-informed dashboards and system-wide adoption of 4Ms-based best practices. The institution received Age-Friendly Health System Committed to Care Excellence recognition in 2019 and Level 1 Geriatric Emergency Department Accreditation in 2021.

Conclusion

The Advocate Role fosters evidence-based geriatric practice by equipping healthcare professionals with competencies needed for sustained Age-Friendly care. The GSP exemplifies how interprofessional collaboration and quality improvement can bridge the gap between education and clinical practice, providing a model for healthcare systems seeking to enhance outcomes for older adults.

Advancing Inclusive Hospice Care for Older LGBTQ+ Adults: A Practice-Focused Exploration

Student Paper Presentation

Mrs. Victoria Bilal¹, Ms. T'erah Spencer¹

1. Alabama A&M University

Objective: The purpose of this study will be to explore how hospice organizations can better support older LGBTQ+ adults by implementing culturally affirming, person-centered care practices. **Research Question:** What strategies can hospice organizations employ to enhance inclusivity and responsiveness in caring for older LGBTQ+ adults, particularly considering their unique identities and care preferences? **Methods:** This research will utilize qualitative methods, including interviews and focus groups with older LGBTQ+ adults, hospice staff, and administrators. The study will be guided by frameworks emphasizing cultural competency and intersectional care approaches (Cruz, 2014; Neville & Henrickson, 2010) to identify actionable strategies for improving hospice care. **Results:** Findings are expected to suggest that fostering inclusivity in hospice care will involve explicit nondiscrimination protocols, continuous staff training on LGBTQ+ issues, respectful documentation and communication practices, and developing partnerships with community-based advocacy organizations. Additionally, attention to overlapping identities, including race, ethnicity, and socioeconomic status, will be critical for tailoring care to individual needs and preferences. **Conclusions:** Hospice organizations will be able to enhance the quality of end-of-life care for older LGBTQ+ adults by embedding inclusive practices into daily operations. Evidence-informed recommendations from this study will provide practical guidance to inform policy, improve practice, and ensure equitable, compassionate care that reflects the identities, values, and life histories of older LGBTQ+ individuals.

African American Communities Speak to Healthcare Providers: Community Based Participatory Research (CBPR) in Action

Panel Symposium

***Dr. Ronit Elk¹, Mr. Pastor J.R. Finney², Dr. Rev. Geraldine Daniels³, Ms. Lisa McNair³,
Ms. Reverend Moneka Thompson¹***

1. University of Alabama, Birmingham, 2. UAB- Community Advisory Board, 3. UAB CAB member

This symposium is divided into 3 parts:

Part 1: (30m.) Power Point presentation: (1) Description of principles of an approach called Community Based Participatory Research (CBPR), proven to reduce health disparities. (2) How we used this approach in partnership with African Americans (AA) Community Advisory Board (CAB) members in the South to create a training program for healthcare providers who provide healthcare to older Black Americans with serious illness. The program is based on the community's cultural and religious values, and lived experience of racism. The CAB determined the messages to send to providers based on broader community input (through focus groups.) They incorporated these into videos, for which they developed the story and acted in. The videos were ensconced within an evidence-based training model that fosters behavior change. (3) Results from 189 trained providers from wide range of healthcare settings showed significant increase in their knowledge of cultural values of older AAs and high rate of following the community's recommendations.

Part 2: (30m.) Panel of CAB members participating in another ongoing study will share their perspectives on participating in an equitable academic-community partnership including (1) reasons for their participation, (2) what it feels like to have their recommendations, instead of of academically trained experts, incorporated into the training; (3) why they'd like other academics and community members to partner equitably.

Part 3: (30m.) Encouraging Audience To Engage in CBPR approach : Facilitated audience discussion of pros & cons and challenges & opportunities for audience members to create CBPR-based studies programs.

Age-Friendly Health System Journey- Innovative Strategies to Implement the 4Ms

Workshop/Presentation

Mrs. Emily Simmons¹, Ms. Terri Middlebrooks², Dr. Jada Finley², Dr. David James²

1. University of Alabama Birmingham, 2. University of Alabama at Birmingham

Background

The 4Ms (What Matters, Mobility, Mentation, and Medication) are the key components of an Age-Friendly Health System. Our organization utilized process improvement initiatives and education of the interprofessional team in order to implement the 4Ms across a healthcare system.

Purpose

At a large academic medical center, there was a lack of staff knowledge and system processes related to the care of older adults. For example, few staff had received specialized training on Age-Friendly assessments and interventions.

Methods

Age-Friendly education strategies were created to address this gap in knowledge with the interprofessional team. These strategies include education provided during Age-Friendly Bootcamps as well as on the unit training with interprofessional team members. Utilizing the IHI model with iterative cycles of change for improvement as a framework, these programs provided interprofessional education and collaboration to incorporate the 4Ms across the health system.

Results

Outcomes include: 1) > 650 interprofessional staff have received 4Ms training; 2) Age-Friendly assessments incorporated in the EHR that align with staff workflow; 3) Dashboards created to monitor outcomes; and 4) Modifications implemented to address barriers related to COVID.

Discussion

The hardwiring of Age-Friendly initiatives into system-wide practice is a journey that does not occur overnight. However, organizations can be successful if they strategically focus on utilizing interprofessional collaboration and process improvement initiatives related to the 4Ms.

AgeReady: An Interactive Web-based Assessment Tool Designed to Help Older Adults and Their Family Members Prepare for the Challenges of Aging

Workshop/Presentation

Dr. Michael Parker¹, Mr. Ethan Asters¹, Dr. LUCINDA ROFF¹

1. University of Alabama

M.W. Parker, Professor Emeritus, The University of Alabama, Tuscaloosa, AL 35487

E. Asters, M.S.W. student, The University of Alabama, Tuscaloosa, AL 35487

L.L. Roff, Professor Emerita, The University of Alabama, Tuscaloosa, AL 35487

Late life doesn't come with an instruction manual. Typically, older adults and their family members navigate this challenging experience on their own. AgeReady provides older adults and family members a comprehensive, state of science approach for meeting life challenges associated with old age.

Important tasks include issues like preparing a will or keeping an up-to-date list of medications. Often neglected tasks include recording videos for grandchildren or discussing the pros and cons of getting a companion animal. AgeReady helps families proactively prepare by suggesting resources to address these challenges. AgeReady may be especially helpful for families where dementia is a concern.

AgeReady users log into a website where they are presented with tasks commonly associated with later life. These are divided into four domains: medical, legal/financial, family/social, and spiritual/emotional. Users read a brief description of each task and why it is important. They then access professionally curated websites with information on how to complete the task. AgeReady also provides a secure document storage system.

This workshop will demonstrate the AgeReady tool, discuss how it was developed and tested, and address how practitioners can use AgeReady in their practice.

Aging in Time: Curating a Multipurpose Playlist for Gerontologists

Student Poster Presentation

Ms. Sophie Maness¹, Dr. Laura Allen²

1. The Erickson School of Aging Studies, 2. University of Maryland, Baltimore County

For centuries, music has been recognized as a powerful tool to evoke emotions and memories. This presentation explores how gerontological researchers and educators may create a playlist of songs that can be used for personal reflection in the classroom with students and/or in research in disciplines such as psychology, sociology, and life course research. The intentionally curated playlist “Aging in Time” was created to explore the intersection of music and the aging experience. As gerontologists, we must reflect on our personal experiences with aging. By exploring themes of time, nostalgia, aging, and more, this playlist encourages listeners to contemplate their life experiences and identify emotions tied to growing older. Gerontology often focuses on the physical and cognitive aspects of the aging process. The playlist offers comfort and opportunities for reflection and connection and enriches the field of gerontology through the humanities. This tracklist provides a basis for qualitative and diary-based research methods regarding the emotional aspects of aging. Moreover, the playlist can facilitate intergenerational dialogue because it includes contemporary tracks alongside classics stretching from 1963 to 2021, effectively bridging generational gaps and fostering shared experiences between younger and older listeners. This paper explores how a playlist can be more than just a collection of songs; it can also be a therapeutic tool that can aid in emotional processing and well-being as people of all ages experience aging.

Alzheimer's Disease and Related Dementias in Black Adults: A Comparison Based on Nativity Status Using Data from the "All of Us" Research Program

Professional Poster Presentation

Dr. Setor Sorkpor¹, Dr. Yijiong Yang¹, Dr. Gashaye Tefera², Dr. Hongyu Miao¹, Dr. Jing Wang¹

1. College of Nursing, Florida State University, 2. College of Social Work, Florida State University

Introduction: Alzheimer's disease and related dementias (ADRD) significantly impact Black individuals. However, the practice of grouping all Black individuals together, without considering the ethnoracial differences within sub-groups, may overlook crucial factors influencing ADRD risk and progression. Thus, this study examines ADRD prevalence stratified by nativity among US-born and non-US-born Black individuals to identify differences in risk factors and inform targeted interventions.

Methods: We conducted a retrospective cohort study utilizing data from the All of Us (AoU) Research program comprising 77,069 Black individuals with recorded birthplace information. We created and analyzed two cohorts: US-born and non-US-born Black individuals with ADRD diagnoses as determined using ICD-9 and ICD-10 codes. Propensity score matching was employed to ensure balanced cohorts in terms of key demographic and socioeconomic parameters, including age, gender, and nativity for comparison. Statistical analyses were conducted using R and Python, with significance set at $\alpha = 0.05$.

Results: We initially included 72,311 US-born and 4,758 non-US-born Black individuals. Following propensity score matching, 4,758 participants were matched in each group. The prevalence of ADRD was 3.76% among US-born Blacks and 4.12% among non-US-born Blacks, consistent with pre-matching levels. ADRD prevalence increased with older age and was higher among retirees and those unable to work compared to working adults.

Conclusion: Non-US-born Black individuals face higher ADRD risk than US-born Blacks, due to socioeconomic factors such as income and employment, and demographic factors like age. While findings support targeted interventions, further research is needed to refine these approaches and address health inequities.

An Integrative, Community-Based Approach to Promote Brain Health and Wellness in Older Adults

Professional Paper Presentation

Dr. Vonetta Dotson ¹

1. CerebroFit Integrated Brain Health

People are living longer, and with that longer lifespan comes a higher risk for Alzheimer's disease and other types of dementia. Brain-based disorders such as dementia are the second leading cause of death and the leading cause of disability worldwide. These disorders have a negative effect on the quality of life and well-being of millions of people and take a devastating toll on individuals, families, and society. Recent research suggests nearly 40% of dementia cases could be prevented or delayed by health-promoting lifestyle behaviors such as staying physically, mentally, and socially active; getting good nutrition and good sleep; managing stress; and treating physical and mental health conditions. These brain-healthy behaviors also benefit mental health and overall wellbeing across the lifespan. However, adopting healthy lifestyle behavior is challenging, especially for people from minoritized communities who often face greater risks to brain health and greater barriers to brain-healthy behavior. This presentation will provide an overview of an innovative community-based approach for offering evidence-based, holistic services to empower people of all ages to live a lifestyle that promotes healthier brain aging and optimizes brain health and wellness across the lifespan.

Association Between Leisure and Art Activities and Depressive Symptoms Among Older Adults in Brazil

Student Paper Presentation

Ms. Mírian Dias¹, Dr. Sudha Shreeniwas¹, Dr. Sharon Morrison¹, Ms. Jenny Lee²

1. University of North Carolina Greensboro, 2. University of Alabama Birmingham

According to the World Health Organization (WHO), over 1 billion people were aged 60 or older worldwide in 2019. Brazil accounts for approximately 32 million—a 56% increase compared to the 2010 census. Mental health challenges, particularly depression, are prevalent among older adults, with the WHO estimating that 14% of individuals aged 60 and older experience a mental disorder. In Brazil, it is estimated that 21% of older persons experience depressive symptoms, varying from 7.1% in the South to 39.6% in the Northeast. Data from Brazil's National Health Survey suggests around 13.2% experience depressive symptoms, aligning with WHO estimates. Depression, influenced by biological, psychological, and social factors, poses significant health implications. This study investigates the association between participation in leisure and art activities (e.g., theater, dance, painting, music) and depressive symptoms in older Brazilian adults. Using a representative sample from the ELSI-BR study (2019-2021), including 9,949 participants, our cross-sectional analysis explores how engagement in these activities relates to mental health outcomes, controlling for sociodemographic and contextual variables such as the number of household members, educational level, and health perception. We hypothesize that participation in these activities is associated with lower levels of depressive symptoms. This study highlights the importance of incorporating leisure and art-based interventions in mental health policies for Brazilian older adults, potentially improving their overall well-being.

Keywords: depression, leisure activities, art-based interventions, older adults, mental health, Brazil.

Balancing Policy and Personalization: Bridging Equity, Diversity, and Cost in Aging in Place

Panel Symposium

***Dr. Lufei Young**¹, **Dr. Annie Rhodes**², **Dr. Lee Ann Ferguson**³, **Dr. Julian McKoy Davis**⁴,
Dr. Jennifer Craft Morgan⁵*

1. University of North Carolina Charlotte, 2. Virginia Commonwealth University, 3. UMBC Erickson School of Aging Studies, 4. The University of the West Indies, 5. Georgia State University

Background and Significance

Persistent inequities in aging in place highlight the tension between cost-effective, population-based policies and resource-intensive, family-centered care. While technological, medical, and architectural advancements have transformed aging care, systemic disparities continue to affect older adults' ability to remain in their communities, particularly in diverse regions shaped by historical and social dynamics. Addressing these challenges requires reconciling governmental approaches with the individualized needs of aging populations.

Objective

This panel brings together experts from social, environmental gerontology, neurodegenerative gerontology, geriatric nursing, geropsychiatric medicine, community development, policy-making, education, and caregiving to explore innovative strategies for equity in aging care. Discussions will address how enduring principles of high-quality care can inform future practices, identify outdated policies that perpetuate disparities, and balance the cost-efficiency of population-based approaches with the personalized services essential for equitable aging in place.

Key Topics and Relevance

Key topics include aligning government and policy goals with community and family-centered solutions, leveraging interdisciplinary collaboration to address systemic inequities, and applying historical lessons to meet the evolving needs of older adults. By integrating diverse perspectives, the session fosters topic-specific networking and collaboration to inspire actionable strategies. Aligned with the Southern Gerontological Society's mission, this panel bridges research and practice, celebrates the diversity of older adults, and addresses structural barriers to inclusiveness. It seeks to create equitable, sustainable models for aging in place that respect both individual and societal needs.

Beyond the Numbers: Unpacking Ethnic Differences in Gambling and Health Among Older Black Adults

Professional Paper Presentation

***Dr. Kim Stansbury*¹, *Dr. Gillian Marshall*²**

1. North Carolina State University, 2. DIRS

Examining gambling among older Black adults is essential to understanding the unique cultural and socioeconomic factors that shape their behaviors and health outcomes. Often viewed as a monolithic group, the African diaspora exhibits significant variation by ethnic background, as documented in previous studies. Using data from the National Survey of American Life, we analyzed ethnic differences in gambling behaviors and health outcomes among older Black adults. Findings revealed a statistically significant association between the frequency of gambling for money and self-rated health for both African Americans ($p = .004$) and Caribbean Blacks ($p = .01$). However, after controlling for covariates, the effect remained significant for older Caribbean Blacks ($p = .04$) but not for older African Americans ($p = .60$). A similar pattern emerged regarding the association between gambling frequency and self-rated mental health. Additionally, losing \$500 or more within a year was significantly associated with depression among older African Americans, while losing \$100 or more was linked to depression among older Caribbean Blacks, even after controlling for covariates. These findings highlight the importance of recognizing ethnic diversity within the African diaspora when examining gambling behaviors and their health implications. Tailored interventions and policies are crucial to addressing the distinct risks and experiences faced by older African Americans and Caribbean Blacks, particularly in relation to gambling-related financial losses and their impact on physical and mental health.

Biometric Comparisons of Physically Active Older Adults across a 7 year period

Professional Paper Presentation

Dr. Candace Brown¹, Ms. Lakshmi Pavani Raghavaraju¹, Dr. Yinghao Pan¹, Ms. Samantha Webb¹, Dr. Trudy Moore-Harrison¹

1. University of North Carolina Charlotte

U.S. Black adults are statistically more likely to develop Type II diabetes than other racial/ethnic groups. The stability assessment of glycosylated hemoglobin (HbA1c) over time indicates that values less than 5.7 m/mol% as normal, and values greater than 6.5m/mol%, diabetic. In North Carolina, Black adults have the highest percentage of obesity at 46.9% (BMI >30+) compared to other racial/ethnic groups at 34.3% and 31.9% (Hispanic, White respectively). Research demonstrates a strong correlation between diabetes and obesity. The purpose of the study was to examine the relationship between HbA1c, age, and Body Mass Index (BMI) in older adults. Participants (N = 2612) of health risk assessments at senior recreational centers, in Charlotte, NC, were measured for blood glucose, HbA1c, and BMI between 2016-2024. Data were analyzed using linear mixed models and correlation functions. Average age was 74 (R 34-98), Black participants' BMI = 31 and HbA1c = 5.9 while Hispanic and White participants were more closely related (BMI = 25, 27 and HbA1c = 5.59 and 5.58 respectively). A weak positive relationship exists between HbA1C and BMI ($r = 0.191614$). Age has a statistically significant effect on BMI, with BMI decreasing slightly as age increases (coefficient = -0.125, $p < 0.00$). However, no significant relationship was found between age and HbA1c. Results support previous research indicating older Black adults have higher BMI, which may affect blood sugar levels. The continued higher prevalence of both conditions continues to be concerning as these racial disparities have been rising over the last 30 years.

Black-White Disparities in Internet Access but Not Usage Among Older Informal Caregivers

Professional Poster Presentation

Dr. Kun Wang¹, Ms. Yanjun Dong², Ms. Xiaoyi Zeng³, Dr. Olivio Clay¹, Dr. Nicole Ruggiano⁴

1. University of Alabama at Birmingham, 2. University at Albany, 3. University of Texas at Austin, 4. University of Alabama

Background: Older informal caregivers face unique challenges due to caregiving and aging, including social isolation, loneliness, and increased health concerns. Digital technology offers great opportunities to enhance social connection and improve access to health resources, potentially mitigating these issues. Despite growing research, few studies have explored Black-White disparities in the use of the internet and smart devices among older informal caregivers.

Methods: We analyzed data from four waves (2017-2020) of the Health Information National Trends Survey, including 1,005 participants aged 50 and older. Logistic regression models were used to examine racial disparities in internet use, social media engagement, and smart device ownership. Among smart device owners, we further explored Black-White disparities in health-related app usage.

Results: Black older caregivers were significantly less likely than White caregivers to use the internet (OR = 0.23, 95% CI = [0.11, 0.46]). However, among internet users, no significant racial disparities were found in social media use or smart device ownership. Notably, among smart device owners, Black caregivers were more likely to use apps for health-related goals (OR = 2.42, 95% CI = [1.42, 4.12]) and decision-making (OR = 1.87, 95% CI = [1.11, 3.15]) compared to their White counterparts, even after adjusting for covariates.

Discussion: The findings underscore the importance of recent state, federal, and commercial initiatives aimed at expanding high-speed internet access to historically underserved communities. Given that Black caregivers are more likely to utilize web-based supports when they are available, these efforts hold significant potential for mitigating health disparities within this population.

Boosting Brain Health: The Impact of Caloric Restriction and Exercise on Cognitive Function in Older Women

Student Paper Presentation

Mr. Christian McLaren¹

1. University of Florida

Background: Postmenopausal women, especially non-Hispanic Black women, are at higher risk for obesity and related chronic diseases. While lifestyle interventions can improve cardiometabolic health and physical function, their effects on cognitive function in this population are understudied. This study aimed to assess the impact of a lifestyle intervention combining caloric restriction and supervised exercise on cognitive function in postmenopausal women with overweight/obesity and functional limitations.

Methods: This secondary analysis used data from a pilot trial with 34 participants randomized to a 24-week intervention: (i) caloric restriction plus exercise (CR+E; n=17) or (ii) educational control (EC; n=17). The CR+E group engaged in group-based caloric restriction (500 kcal/day reduction) and supervised exercise (brisk walking and resistance training) three times weekly. The EC group attended monthly health education lectures. Cognitive outcomes included the Digit Symbol Substitution Test (DSST) for complex attention and the Controlled Oral Word Association (COWA) test for verbal fluency.

Results: DSST scores significantly improved in the CR+E group compared to the EC group ($p < 0.05$). COWA scores showed no significant changes within or between groups ($p > 0.05$). Changes in cognitive scores were not significantly correlated with race, walking speed, or physical function.

Conclusion: A combined caloric restriction and exercise intervention may enhance complex attention but does not significantly impact verbal fluency. Further research is needed to confirm these findings.

Bridging Physical Activity Gaps in Low-Income Older Adults for Healthy Aging in place (Based on Tentative Findings)

Student Poster Presentation

Ms. Christiana Ugbem¹, Dr. Sung-Jin Lee², Dr. Minyong Lee¹, Dr. Elizabeth Hopfer¹

1. North Carolina A&T State University, 2. North Carolina A&T State University

Older adults' engagement in appropriate physical activity contributes to health maintenance, delay in functional decline, and longevity and supports their desired continuous independent living in their homes (i.e., aging in place). This qualitative study aimed to understand the experiences of older adults, particularly, low incomes, as they seek to maintain their physical function and independence, and thus, examined their physical activity habits, barriers, and motivations. In-home personal interviews were conducted with 20 low-income older adults ($M = 75$ years old) in North Carolina. A thematic analysis was employed using qualitative data from transcribed interviews and interviewers' notes to identify recurring patterns and insights. Among 20 participants, 16 engaged in regular physical activity with walking as the most common exercise. 12 participants utilized health clubs or wellness programs and cited social connections and accessibility as key motivators. However, health concerns, time constraints, transportation, safety concerns and lack of motivation were significant barriers noted. Although 13 participants had exercise equipment at home, only 7 older persons reported consistent use. Positive sentiments, like happiness when engaging with peers at fitness centers, feeling energized, and maintaining good health were significant motivational drivers of physical activity engagement.

The findings highlight the gaps in consistent physical activity among low-income older adults. Addressing barriers such as health limitations and providing targeted community support in the form of affordable and accessible wellness programs, transportation, and virtual fitness classes and can help to bridge these gaps to enhance physical activity participation among older adults, promoting their ability to age-in-place healthily.

Bridging Policy, Practice and Research in this New Landscape for Families Caring for Individuals with Dementia: Recognizing Caregivers and Addressing Opportunities

Panel Symposium

Dr. Christine Jensen¹, Dr. Jodi Teitelman², Dr. Ethlyn Gibson³, Dr. Lauren Parker⁴

1. Riverside Martha W. Goodson Center, 2. Virginia Center on Aging, 3. Old Dominion University, 4. Johns Hopkins University

This panel session is focused on “connecting the dots” for family caregivers in the new political environment. Caregivers are making an impact and are being impacted by legislation at the federal and state levels. One-third of registered voters ages 18 and older identify as caregivers in the past, while one-fifth are currently caregivers, and approximately one-half expect to be a caregiver in the future. Caregivers also have unique opportunities to engage in clinical studies. The first panelist will provide an update of the national landscape on caregiving programs and policies, specifically addressing the RAISE Report, Older Americans Act Reauthorization, and BOLD programs. Emphasis will be placed on reports and advocacy targeting Alzheimer’s disease and dementia care. Next, the duo of panelists from Johns Hopkins University will address the importance of clinical studies and their important role and partnership with family caregivers. They will discuss specific opportunities for caregivers to enhance their quality of life and advocate for themselves and those they provide care for. The final panelist will continue to “connect the dots” by highlighting several national (e.g., National Alliance for Caregiving, Rosalynn Carter Institute for Caregivers) and regional programs (e.g., Virginia Dementia Care Coordination) that are dedicated to making an impact in this caregiving landscape. State programs in the SGS region will be highlighted including the respite voucher program and dementia care coordination. Collectively, this conversation, which attendees are encouraged to contribute to, bridges the landscape for families caring for individuals with dementia and promotes their well-being.

Building a Dementia-Capable Alabama: Key Findings from a Statewide Assessment of Cognitive Health Needs

Professional Paper Presentation

***Dr. Amie Brunson*¹, *Dr. Nicole Ruggiano*², *Ms. Laurie Eldridge-Auffant*³, *Ms. Traci Dunklin*⁴**

1. The University of Alabama, 2. University of Alabama, 3. Alabama Department of Public Health, 4. Alabama Department of Senior Services

Approximately 103,000 Alabamians lived with Alzheimer's Disease and Related Dementias (ADRD) in 2020, supported by over 217,000 unpaid family caregivers. As a Deep South state, Alabama faces significant barriers in addressing ADRD needs, including health disparities, high prevalence of cardiovascular disease and diabetes, limited health literacy, and geographic obstacles to accessing quality care and timely diagnosis. In 2024, the Alabama Department of Public Health partnered with the University of Alabama School of Social Work to conduct a statewide needs assessment under the CDC's Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Program. A survey of 397 residents across 53 counties revealed widespread concern about cognitive decline and dementia, alongside substantial gaps in accessible health education and support services. This presentation will examine implications for practice and policy based on these findings.

Building Bridges Across Generations: The Intergenerational Classroom

Panel Symposium

***Ms. Jessica Hsieh¹, Dr. Raza Mirza¹, Dr. Christopher Klinger¹, Ms. Alexis Hart¹, Ms. Florene Shuber²,
Ms. Heather Janes², Ms. Claudia Osmond²***

1. University of Toronto, 2. Christie Gardens

The issue of aging demands greater attention in education systems, and intergenerational approaches help to combat ageism and improve the lives of older adults, now and in the future. Taking an intergenerational approach to contextualizing the experiences of older adults within post-secondary classrooms settings is a novel approach towards building interest in the field of aging.

The University of Toronto (UofT) partnered with Christie Gardens, a retirement home, to launch an innovative experiential learning initiative: The Intergenerational Classroom. Half the learners were UofT undergraduate students (n=24); the other half were older adults residing at Christie Gardens (n=25). Through interactive seminar-style discussions, collaborative projects and mentorship, the course, which was held at Christie Gardens, provided a semester-long exploration on aging. To evaluate the program, pre/post-surveys were administered to all learners, and following the semester, students (n=6) and older adults (n=8) participated in focus group discussions.

Outcomes of program success were identified across domains, including meaningful friendships and bonds created, increased awareness of aging issues, reduced ageist attitudes, and greater sense of community and civic engagement. Evaluations revealed that 92% had an excellent learning experience, 95% found the course intellectually stimulating, and that 100% would recommend the course to others.

The Intergenerational Classroom explored aging from a viewpoint that considered the perspectives of both older and younger generations. Intergenerational approaches can help to create a brighter and more inclusive future for all generations, ensuring that individuals can grow up and grow older with dignity, rights, and opportunity.

Building Bridges in Dementia Care: Collaborative Approaches to Enhancing Communication and Well-Being in Skilled Nursing Facilities

Professional Paper Presentation

Dr. Natalie Douglas¹, Ms. Stephanie Richings¹

1. University of Louisiana at Lafayette

Effective dementia care in skilled nursing facilities (SNFs) requires overcoming communication barriers and managing behavioral symptoms that impact residents, caregivers, and staff. Dementia Collaborative Coaching (DCC) exemplifies an interdisciplinary approach, fostering partnerships among Certified Nursing Assistants (CNAs), Speech-Language Pathologists (SLPs), and other care team members. This collaborative intervention integrates person-centered strategies into daily routines to support communication, reduce agitation, and enhance quality of life for people living with dementia (PLWD).

Data from three studies underscore the success of DCC in real-world settings. Outcomes included significant reductions in agitation (Cohen-Mansfield Agitation Inventory; $d = 2.76$, $p < .001$), improved care team efficacy in addressing communication challenges, and increased engagement in meaningful activities. Despite these successes, implementation required addressing systemic barriers such as staffing shortages, regulatory demands, and varying organizational readiness. Leadership support and structured implementation plans were critical to success, demonstrating the importance of embedding interventions within existing workflows and leveraging team-based solutions.

By bridging expertise across disciplines, DCC offers a scalable model for improving dementia care that is both sustainable and responsive to the needs of residents and staff. This presentation highlights lessons learned from the field, offering practical strategies to foster collaboration and enhance resident outcomes in SNFs.

Building Bridges Over Troubled Waters

Workshop/Presentation

Mr. Bob Blancato¹

1. *Matz, Blancato & Associates*

The new administration and new Congress have brought unprecedented challenges in the aging policy space. However, these changes also bring opportunities to build community in our network and to work to protect and strengthen essential aging services. Join Bob Blancato, based in the nation's capital, to hear about the aging policy and advocacy landscape, and our collective role in this process.

Building Bridges: A Trauma-Informed Approach to Direct Care Worker Retention in Long-Term Care

Panel Symposium

***Dr. Jennifer Craft Morgan¹, Dr. Leigh-Anne Royster², Mr. Waqar Ahmad¹, Mr. Alfred Boakye³,
Mr. Ebenezer Martey⁴, Dr. Antonius Skipper¹, Dr. Candace Kemp¹, Dr. Elisabeth Burgess¹, Dr. Eric
Wright¹, Dr. Christopher Kelly⁵***

1. Georgia State University, 2. Duke University, 3. University of Maryland, Baltimore (UMB) & Baltimore County (UMBC) Baltimore - Maryland, 4. University of Alabama at Birmingham, 5. University of Nebraska at Omaha

Direct care worker retention is a persistent problem across long-term care. Deepening our understanding of multiple layers of vulnerabilities and the embeddedness of workers in these communities is key to developing strategies to professionalize the workforce and improve retention. Collective trauma results from psychological distress experienced by large numbers of people or communities in response to shared trauma. It has been documented that the traumatic impacts of COVID-19 in concert with discrimination based on any marginalized identity (e.g., racialized, gender, sexual minorities; poor, chronically-ill) leads to poorer health, work, and life outcomes. This symposium seeks to a) present a conceptual model that foregrounds the utility of a trauma-informed approach to retention (Morgan & Royster), b) describe the life course context of nursing home staff and the relationship of that context to retention (Ahmad, Skipper, Burgess, Wright & Morgan), c) identify strategies to support high-functioning teams (Boakye & Morgan) and d) understand the role of direct care workers in the person-centered care and social integration of nursing home residents (Martey, Skipper, Kemp & Morgan). Mixed methods across the four papers utilize data including resident case studies (N=24), survey data of nursing home staff (N= 678), and semi-structured interviews with direct care workers (N=25). Findings underscore the need to contextualize retention problems within the larger community context to better strategize effective interventions to improve retention. Finally, our discussant, Dr. Christopher Kelly will comment on the state and federal policy context of these issues and the implications of findings from these four papers.

Building Lifelong Communities in the Atlanta Region: Creative Place-Based Interventions for Increasing Longevity and Quality

Workshop/Presentation

Mr. Arin Yost¹, Dr. Joy Dillard Appel¹

1. Atlanta Regional Commission

The Atlanta Regional Commission (ARC) is the Area Agency on Aging for a 10-county region spanning urban, suburban, and rural areas. This region is ethnically diverse, holds a large LGBTQ+ population, and is projected to house approximately 1.3 million older adults in 2050. This workshop will examine approaches to understanding and addressing place-based health disparities that have been successfully employed by the ARC to facilitate equitable resource allocation for aging populations across the service region. Through a variety of strategic initiatives, including achieving national AARP Age-Friendly designation and the Live Beyond Expectations strategic plan, the ARC has creatively intervened in existing disparities across the region. Presenters will share research and community engagement findings and offer valuable resources for forming similar strategic efforts while emphasizing the historical importance of neighborhood-level change in the Atlanta region. Presenters will also discuss cost-effective interventions and quality monitoring strategies that have been shown to improve access to aging services for older adults experiencing geographic health inequalities. These interventions range from no-cost data visualizations, shifts in quality monitoring, and collaborative participation at the local and regional levels to funded projects like mini-grant programs, legislative advocacy, and targeted outreach materials. This workshop will explore the successes and challenges of many strategies to improving length and quality of life for diverse populations. Attendees will leave equipped to utilize freely available data to explore health disparities in their communities and form place-based interventions in response.

Calling All Voices: Stories from Minority Communities on Their Experiences with Dementia

Professional Poster Presentation

Dr. Debra Tann¹

1. Reminiscent

Minority communities bear disproportionate burdens of dementia including higher prevalence and associated cost. These challenges are magnified not only by social and economic risk factors, but also by entrenched biases and barriers within care systems. Despite this, the voices, stories, and experiences of minority communities are too rarely heard and considered when developing resources and care practices to support people living with dementia. To better understand the experiences of minority communities living with dementia, this project captures stories from individuals across the Black, Latino, Asian, and LGBTQIA+ communities primarily based in the US and Canada. Our qualitative primary research consists of 40 one-on-one interviews with people living with dementia and care partners. Secondary research included a literature review to provide contextual framework. Our results offer first-hand, authentic testimony from individuals in the Black, Latino, Asian, and LGBTQIA+ communities who share both unique challenges facing their communities and responses of hope, activism, and support. Common challenges included bias and inequity within the medical system; culturally unique forms of stigma and silence surrounding dementia; language/dialect barriers to education, care, and treatment; and lack of culturally specific resources and tools. Common community responses to these challenges included advocating for fair treatment; raising awareness and combating stigma and misinformation; and creating formal and informal support systems. Finally, the interviews included a call to action for how the broader community can support. By heeding these voices, the dementia community can work collectively toward better care for those who need it most.

Care Partner Satisfaction with Integrated Primary Care for People Living with Dementia

Workshop/Presentation

Mrs. Laura Medders¹, Dr. Carolyn Clevenger¹

1. Emory University

Integrated Memory Care (IMC) is a comprehensive dementia care clinic that provides primary care, dementia care, and services for care partners in one practice. Co-production of care goals is a core value for the IMC's team, thus the program has consistently sought patient and caregiver feedback about clinical experiences and what they value (or don't) with the IMC's unique model of care. The IMC program solicits patient and care partner engagement and feedback above and beyond the health system's typical channels. Specifically, the IMC utilizes a patient family advisory committee. Additionally, the IMC team has repeatedly surveyed patients and families as much has changed in medical care, the clinical program. Nearly half (49%) of 2024s respondents reported that they believed the IMC had helped them to avoid a emergency department visit compared to 47% of respondents in 2020. 85% of 2024 responders also indicated their life was easier because they were a patient of the IMC compared to 91% in 2020. The presentation will discuss the importance of seeking direct feedback from patients and families in a clinical practice as well as trends in feedback when families living with dementia receive comprehensive care.

Caregiver-Provider Relationship Quality and Caregiving Outcomes among Family Caregivers of Persons Living with Dementia

Student Paper Presentation

Ms. Henrietta Bennett¹, Dr. Wesley Browning², Dr. Vicki Winstead², Prof. Carolyn Pickering²

1. University of Alabama at Birmingham, 2. University of Texas Health Science Center at Houston

Introduction: While caregiver-care recipient relationship quality has received growing attention within Alzheimer's Disease and Related Dementia family caregiving, little is known about the relationship quality between family caregivers and their care recipients' care provider. The caregiver-provider relationship quality is vital for caregiver mental health, competency, care coordination and trust in medical advice. This study examined whether the perceived quality of the relationship between family caregivers and providers is associated with caregiver depressive symptoms, anxiety and stress and whether this association varies by caregiver race/ethnicity and poverty status.

Methods: The study included 240 family caregivers who lived with and provided unpaid care to a family member with dementia. Generalized Linear Mixed Models were developed to assess whether caregiver-provider relationship was associated with depressive symptoms, anxiety and stress.

Results: Out of 240 caregivers, 58% were non-Hispanic Whites and 80% were females. Caregivers who reported better relationship with providers (affect) had a 13% lower likelihood of experiencing depressive symptoms ($OR = 0.87$, $p = .05$) and 14% lower likelihood of experiencing anxiety symptoms on a given day ($OR = 0.86$, $p < .05$). Caregiver-provider relationship was not associated with daily odds of experiencing stress after race/ethnicity and poverty were adjusted.

Conclusion: Findings from the study suggest that better caregiver-provider relationship quality may be a protective factor against daily depressive and anxiety symptoms and offer an avenue for future interventions. Improving these relationships would ensure that caregivers are receiving support and resources to manage complex care situations while maintaining their own mental health.

Caring for the Caregivers: An Unexpected Outcome of a Clinical Project to Improve BSN Student Attitudes Toward People with Dementia

Professional Poster Presentation

Dr. Valentina Lucas¹

1. Randolph Macon College Department of Nursing

In the US, it is estimated that 70% of the 47 million individuals living with dementia are cared for by family in the home. Evidence shows caregivers experience high levels of stress, and this stress has been associated with poorer health and wellness outcomes, biologically, psychologically and socially (Colvin & Bullock, 2016).

Opening Minds Through Art (OMA) is an intergenerational art program for people living with dementia. This federally funded grant program offers socialization for patients and caregivers. Individuals with dementia experience creative self-expression through art. BSN students enrolled in a population health immersion course focused on the family caregiver population. Students worked weekly with caregivers in small groups over one semester. When meeting with family caregivers, students provided health education and offered interventions specifically directed at the caregiver group, including medication reconciliation, hypertension screenings, stress reduction, urinary tract infection identification and prevention, diet and nutrition education, social support, and increased awareness of community resources. Students also identified the need to evaluate caregivers for abuse risk as some of their loved ones may become violent.

Through participation in this program, students are more aware of family caregiver needs. Student self-reflections identified common themes regarding caregivers and their needs including loss and loneliness and the need for mental health resources due to role strain and fatigue.

Limitations include using a single site with a small number of caregivers. This clinical project confirmed the feasibility and effectiveness of immersive clinical learning with family caregivers of people with dementia.

Change is Hard: Top 10 Lessons from Implementing a Safe Mobility Program

Workshop/Presentation

Dr. David James¹, Dr. Meagan Bower¹

1. University of Alabama at Birmingham

Background:

The documented hazards of immobility in hospitals prompted the implementation of a comprehensive safe mobility program at a large academic medical center. This presentation shares lessons learned from this quality improvement initiative.

Methodology:

The Safe Mobility program was initiated as part of the organization's efforts to enhance Age-Friendly Care. It addressed "mobility" within the 4Ms framework - What Matters; Medications; Mobility; Mentation. The Safe Mobility program was refined to its current state using iterative Plan, Do, Study, Act (PDSA) cycles.

Analysis:

A systematic review of the safe mobility program's structure, process, and outcomes was used to provide lessons learned that will be shared during this presentation. Using interactive methods like think-pair-share, it explores challenges in safe mobility. Specifically, Lewin's Change Theory will be used to frame a discussion of the various driving and restraining forces associated with creating a culture of safe mobility.

Results:

The top 10 lessons learned from the implementation of the safe mobility program are 1) mobility is medicine; 2) safety must be a priority; 3) daily goals are critical; 4) nursing's role is to maintain function; 5) acute therapy's role is to restore function; 6) investments in safe mobility take time to mature; 7) change is hard; 8) student projects help; 9) Mobility Techs can be a distraction; and 10) everyone has a role in safe mobility.

Implications for Practice:

This presentation shares lessons learned and equips participants with actionable insights applicable to diverse clinical settings, fostering a safe mobility and age-friendly care culture.

Cognitive Performance, Depression, HIV Disease Burden in Relation to Objective and Subjective Everyday Function in Older Adults With HIV: A Structural Equation Modeling Analysis

Student Paper Presentation

Dr. Alexandra Jacob¹, Ms. Xueling Zeng², Dr. Michael Crowe², Dr. Victor A. Del Bene², Prof. Pariya Fazeli², Prof. Despina Stavrinou³, Prof. Andres Azuero³, Dr. David Vance²

1. University of Kentucky, 2. University of Alabama at Birmingham, 3. University of Alabama Birmingham

Older people living with HIV (PLWH) often face challenges in performing instrumental daily activities, such as driving, which are partly explained by cognitive impairment (i.e., HIV-associated Neurocognitive Disorders). Yet, it remains unclear how differences in daily functions are influenced by various factors. We examined how risk factors including age, depressive symptoms, HIV disease burden (i.e., viral load and CD4 count), and cognitive abilities as well as protective factors (i.e., premorbid cognitive abilities) contribute to these objective and subjective everyday functioning. In a cross-sectional study, we examined data from 260 PLWH aged over 40 years old using structural equation modeling to analyze the association of subjective and objective everyday functioning. In our study, older age ($\beta = 0.15$), lower premorbid cognitive abilities ($\beta = -0.50$), and greater HIV disease burden ($\beta = 0.16$) was significantly associated with poorer performance on the Timed Instrumental Activities of Daily Living (i.e., objective daily function). Furthermore, results showed that impaired processing speed ($\beta = -0.39$) and poorer working memory performance ($\beta = -0.18$) also predicted worse objective daily function. Surprisingly, depressive symptoms ($\beta = 0.24$) were the only factor that remained associated with subjective everyday function, which suggested that self-report measures are influenced more by social-psychological factors than by cognitive and biological factors. Implications for clinical interventions targeting cognitive abilities and depressive symptoms could improve quality of life and promote successful aging in function in PLWH.

Compassionate Conversations for Caregivers

Workshop/Presentation

Ms. Gwennyth Johnson¹

1. Vivid HealthStyle/Center for Compassionate Aging

Learning Objectives:

- Participants will experience self-compassion building and development as well as building compassion for others.
- Participants will learn the components of compassionate communication.
- Participants will be able to role play compassionate communication scenarios for aging and caregiving.

Summary:

This workshop will be both lecture and experiential. Participants can expect to learn about compassion and how it benefits our health and wellbeing. We will also breakdown developing a compassionate heart and how to get granular with your communication methods. When communicating with our care partners it is important that we have a well-developed sense of self compassion and that you are ready to share that with the person for whom you provide care. There are significant benefits to both people in this relationship. Join us for a fun and centering workshop.

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Presentation Details:

Compassion may seem like second nature but for many reasons we have moved from our hearts to our head. We listen to others wondering what we should say next, what do they want, what do I want, and so on, not really hearing what the speaker has to say. So much of the communication relationship is developed in between the words. Becoming a compassionate listener and communicator means hearing what the speaker's heart is saying and understanding their experience. Learning the skills of compassion and listening can help to de-stress the communication relationship.

Connecting the Dots: Creating Community Among State-Based Culture Change Coalitions

Workshop/Presentation

Ms. Kim McRae¹, Dr. Jennifer Craft Morgan², Ms. Rose Marie Fagan³

1. Culture Change Network of Georgia, 2. Georgia State University, 3. Live Oak Project/The EINSTEIN Option

Come explore how The Eden Alternative (The Certified Eden Associate Training and the Dementia Beyond Drugs: Changing The Culture Of Care curriculum), Pioneer Network, the Center For Innovation, the Moving Forward Coalition, the EINSTEIN Option, State Alzheimer's and Dementia Plans, and state-level collaboration work can be catalysts for advancing culture change in your community, your state, and beyond. We will share 1) what Georgia has done to advance person-directed care and person-centered dementia care throughout the entire spectrum of long-term care, services and supports, and 2) brainstorm together about the various state-wide leaders that need to be at the table to create partnerships that help to reimagine ways to empower everyone to strengthen the care partner teams. We will share resources and tools that have been developed and utilized during our CMP grant, "A Trauma-Informed Approach to Improving Dementia Care in Georgia Nursing Homes," which is a partnership between the Culture Change Network of Georgia and Georgia State University's Gerontology Institute. We will also share some of the outcomes from our work. As a group, we will delve into what we all can do in our spheres of influence to transform how we look at the challenges we face and embrace the possibilities of what we can do if we work together to make the impossible possible. This workshop will help you identify key partnerships, review resources, and initiate action planning in small groups for strengthening coalitions across the Southeast to promote person-centered care and dementia-capable communities.

COVID-19 Hospitalization Place of Live Discharge Outcomes for Long-Term Care Facility Residents with Dementia: Mediation by Comorbidities Index Scores and Moderation by Health Insurance Status

Professional Poster Presentation

Dr. Cheng Yin¹, Dr. Elias Mpofu¹, Dr. Kaye Brock², Dr. Stan Ingman¹

1. University of North Texas, 2. University of Sydney

Background and aim: COVID-19 hospitalization place of discharge outcomes for Long Term Care Facility (LTCF) residents with dementia are less well known for preventing excess mortality in this vulnerable population.

Method: This cross-sectional study utilized the Texas Inpatient Public Use Data File (PUDF) data on LTCF residents with dementia (n=1,413) and without dementia (n= 1,674) to examine variations in their hospitalization outcomes of live place of discharge comorbidity scores and health insurance status.

Results: Dementia diagnosis increased risks of hospice care (OR = 1.44, 95%CI = 1.16-1.80), while decreasing the likelihood of discharge to recovery hospitals (OR = 0.70, 95%CI = 0.52-0.94). Comorbidities increased the odds for hospice care discharge, regardless of health insurance status.

Conclusion and implication: Covid-19 discharge plans for patients with dementia should be tailored to care needs their hospice care for minimizing health care disparities compared to other residents.

Keywords: COVID-19, Dementia, Older adults, Elixhauser comorbidity index score, Long-term care facility, Place of discharge

Creative Arts for Mental Health and Well-being: Evaluating an Arts on Prescription Program for Older Montagnard Refugees

Student Paper Presentation

Ms. Jenny Lee¹, Ms. Mírian Dias², Dr. Sudha Shreeniwas², Dr. Sharon Morrison²

1. University of Alabama Birmingham, 2. University of North Carolina Greensboro

Greensboro, North Carolina, is home to a significant resettled refugee-origin population of Montagnards, an indigenous, multi-tribal, multi-language group from the Central Highlands of Vietnam. The Montagnard Association of North Carolina (MANC) partnering with UNC Greensboro (UNCG), implemented an 8-week arts-on-prescription (AoP) program aimed at enhancing the mental well-being of Montagnard older adults who experience unique challenges including war trauma, limited English proficiency, and social isolation. At-risk older adults were recommended for this intervention by a professionally-credentialled community leader.

The culturally appropriate AoP program ran from September to December 2024. It engaged seven participants (mean age = 67 years, median age 73; 3 male, 4 female) in weekly activities such as painting, movement, dancing, photography, and working with yarn or clay. A multi-method evaluation approach was employed, incorporating pre- and post-intervention questionnaires (UCLA Loneliness Scale and CES-D8 Scales), focus groups, and detailed field notes.

Preliminary findings suggest that participation in the AoP program may reduce symptoms of depression, enhance emotional well-being, alleviate loneliness, and foster social connections. Qualitative data from focus groups and field notes are expected to reveal key themes regarding participants' experiences and perceptions of the program. This evaluation highlights the potential benefits of culturally-tailored, prescribed arts-based interventions in promoting the well-being of older refugee populations. Further analysis will provide deeper insights into the program's impact and inform future initiatives aimed at supporting this vulnerable community.

Creative Care for Respite: Building Skills and Confidence through an Arts Program

Professional Paper Presentation

Mrs. Meghan Young¹

1. Scripps Gerontology Center, Miami University

Since 2007, Scripps Gerontology Center's Opening Minds through Art (OMA) program has served thousands of intergenerational pairs of college students and people living with dementia. While primarily used to engage nursing home residents around the country, adaptations of OMA have become increasingly popular to serve a people in a variety of settings. A 20-hour facilitator training equips providers with an overview dementia, how to support decision making and the autonomy of a person living with dementia, using artist grade materials, and launching the OMA program in their community. Through a grant, OMA and Respite for All Foundation partnered to provide online education and a day long intensive workshop to 55 respite directors and lead volunteers from seven states. The goal of this collaboration was to provide additional creative programming to respite directors, who come from a variety of backgrounds, and to build appropriate, person-directed programming for people living with dementia. Directors and lead volunteers were asked to complete online pre-surveys, while post-surveys were given in-person at the workshop in Montgomery, AL. The survey was comprised of ten questions related to dementia knowledge, person-centered care, art activities for people living with dementia. Results showed an increase in scores, suggesting an improvement in attitudes. Participants also provided written comments with opportunities for improvement and important lessons they learned. Overall, this training laid the foundation for next steps for develop a formal training program specifically for respite centers and conduct focus groups with respites who have adopted OMA programming.

Creativity and Aging: Differences between Interventions for Healthy and Cognitively Impaired Older Adults

Professional Paper Presentation

Dr. Carolyn Adams-Price¹

1. Mississippi State University

Over the past 25 years, there has been a huge increase in the employment of interventions for older adults that incorporate as a primary feature their participation in creative activities. Interventions have focused on art domains as distinct as photography, dance, music, traditional handicrafts (such as quilting or pottery), and many others. In addition, programs have been created for older adults with a huge range of ability levels and cognitive efficacy, from highly functioning older adults to older adults with severe cognitive deficits. The purpose of this paper will be to describe the benefits of creative interventions for different types of older adults with different types of capabilities. Two different perspectives will be highlighted; including the sociocultural model of creativity, which is linked to life-span developmental psychology, and the dementia studies model, which derives from holistic and qualitative approaches to aging. The paper will discuss the ways in which these two approaches are fundamentally different, and the ways in which they are similar, and discuss what they have to say about the nature of creativity.

Cultivating Connections: Intergenerational Gardening Across the Life Course

Workshop/Presentation

***Dr. Cynthia Hancock*¹, *Dr. Kyle Bower*², *Dr. Lee Ann Ferguson*³, *Mrs. Sarah Tesar*¹, *Ms. Danyae Thomas*⁴, *Ms. Amy Bowman*⁵, *Dr. Cheri Granillo*⁶, *Ms. Sophie Maness*⁷**

1. UNC Charlotte, 2. Cardinal Direction Consulting, 3. UMBC Erickson School of Aging Studies, 4. The Park Community Development Corporation, 5. N.C. State Extension, 6. North Carolina State University, 7. The Erickson School of Aging Studies

Intergenerational gardening programs serve as dynamic spaces where older adults and younger generations come together to cultivate not only plants but also meaningful relationships, lifelong learning, and holistic well-being. This hands-on session will showcase the impact of a thriving gardening initiative at Gilfield Park, an affordable housing community for those fifty-five and over, made possible through collaborations with local intergenerational groups and interdisciplinary teams.

Over the past year, fifteen therapeutic horticulture sessions engaged residents in gardening, nutrition, and wellness activities designed to enhance mental, physical, and social health. Attendees will gain insight into how community-driven programming can be tailored to meet the needs of those often overlooked, while fostering sustainable food production, environmental stewardship, and healthier living.

Join us to explore the power of gardening as a bridge between generations, a catalyst for social connection, and a transformative tool for improving quality of life in aging communities. Whether you're a researcher, practitioner, or community partner, this session will equip you with practical strategies for designing impactful, intergenerational gardening programs.

Day By Day Memory Disco: Utilizing Silent Disco Technology to Impact Care Partner Well Being, Resident Engagement and Workplace Burnout

Workshop/Presentation

Mrs. Kathy Tutt¹, Ms. Kaylie Glenn², Mrs. Gwynn Stewart¹, Mr. Kenneth Stewart¹

1. Ohio State University, 2. Day By Day Project

Alzheimer's disease and related dementias are among the most significant public health challenges of our time, impacting millions of individuals and their care partners. As dementia care grows increasingly demanding, care partner stress and burnout have emerged as critical concerns in communities and their memory care facilities. The Memory Disco Program introduces an innovative solution that combines silent disco technology with a structured musical engagement program to address these challenges. This session will explore how Memory Disco enhances resident engagement, reduces care partner stress, and fosters meaningful connections. Participants will leave the session equipped with a deeper understanding of how musical interventions like Memory Disco can transform community-based dementia care environment. They will gain practical tools and actionable insights for implementing this program to improve caregiver well-being, enhance resident interactions, and foster a culture of connection and joy. Participants will walk away with an actionable approach to meet their community's needs of decreasing staff turnover, improving life enrichment opportunities, and cultivating a positive workplace environment despite dementia-related challenges.

Dementia and particle pollution: Implications for older adults.

Virtual Presentation

Dr. Andrea Jennings¹

1. Northeast Ohio VA Healthcare System

Millions of people are living with dementia and this number is expected to increase in the future. The purpose of this presentation is to examine if these cases of dementia are thought to be linked to modifiable risk factors such as exposure to air pollution, specifically to fine particulate matter (PM_{2.5}), which have been reported to induce inflammation in the brain and may be linked to the development and progression of dementia. Air pollutants are thought to have the capability of entering the bloodstream and moving into the brain, causing neural inflammation and may contribute to the onset of dementia. Conceptually when examining the link between air pollutants and dementia, models in the literature typically are examining sources (i.e., PM_{2.5}, PM₁₀, and PM₁), vulnerable populations (i.e., those with chronic illnesses, older adults, children, people of color, smokers, those living in poverty, and Veterans), exposure routes (i.e., emissions from various sources such as factories, vehicles, wood burning devices, fires etc.), dose of the particles (how much exposure), impact of the human body (i.e., heart and brain). Results from research studies in this arena of particle pollution and dementia can illustrate the importance of having environmental health policies in place. An increased understanding between the link of dementia and particle pollution is needed and can aid in the mitigation efforts in addressing this issue.

Depression and Subjective Health Among Older Puerto Rican Adults: Examining the Interplay of Mental Health, Socioeconomic Factors, and Social Support

Student Poster Presentation

Ms. Jaminette M. Nazario-Acevedo¹, Dr. Christine Mair²

1. University of Maryland, Baltimore, 2. University of Maryland, Baltimore County

Understanding the interface between socio-economic factors, mental health, and physical health remains important for responding to the needs of older adults as the population of Puerto Rico rapidly ages. Using data from the 2021 wave of the Puerto Rican Elderly: Health Conditions (PREHCO) study, this research aims to explore the association between depression and self-reported health status among older Puerto Rican adults. The current analysis included a sample of 958 individuals aged 60 and older. The dependent variable was subjective health, in which respondents rated poor to excellent. The independent variable of interest was depression, which was categorized as either 'depressed' or 'not depressed' based on the respondents' self-reported symptoms. The control variables were marital status, age, gender, religiosity, and transnational social ties. Descriptive statistics and chi-square tests revealed a significant association between depression and subjective health ($p < 0.0001$). Multivariate linear regression analysis revealed that depression was negatively associated with subjective health ($b = -0.35, p < 0.0001$). Receiving help with errands was negatively associated with subjective health, too ($b = -0.54, p < 0.0001$), which may raise questions regarding the potential impact of declining functional independence. These findings signal the interplay between mental and physical health, especially in a culturally specific context like Puerto Rico, where socio-economic disparities may further heighten these dynamics. The findings point to the necessity of culturally tailored interventions that take into consideration mental health and social support systems.

Developing a score to measure dementia-friendliness in faith communities

Professional Paper Presentation

Dr. Miranda Moore¹, Ms. Grayson Baxter¹, Ms. Nidhi Ramprasad¹, Dr. Fayron Epps², Dr. Alexis Bender¹

1. Emory University, 2. University of Texas Health San Antonio

As the prevalence of dementia rises, organizations and communities have recognized the importance of having dementia-friendly spaces and are developing programs to meet the needs of people living with dementia and their families. Despite the increase in dementia-friendly programs and settings, there is a dearth of tools to assess and measure the level of dementia-friendliness in small communities such as churches and community centers. Consequently, we developed a person-centered Dementia-Friendly Community Assessment tool in multiple phases. Following our initial pilot testing and refinement through focus groups with church members, leaders, and advisory board members, we finalized and fielded a survey to 1,162 participants across 15 churches throughout the state of Georgia. Survey domains included awareness of information, resources, and modifications to the church environment; dementia knowledge and skills; and dementia-related stigma. The overall survey showed good reliability (Cronbach's alpha = 0.85). Domains were summarized into a total score with the average score across churches of 72.14 [(SD 2.38), range 68.5-76.5]. This tool demonstrates appropriate and reliable measurement of dementia friendliness in relatively homogenous communities and accommodates diverse geographic locations (i.e., urban, rural, suburban) and community sizes.

Developing an FCS Online Graduate Certificate Program in Gerontology to Prepare Underrepresented Students to Address the Needs of Older Adults

Professional Paper Presentation

Dr. Sung-jin Lee¹, Dr. Meeshay Williams-Wheeler¹, Dr. Elizabeth Hopfer¹, Dr. Valerie Giddings¹

1. North Carolina A&T State University

There is a great need to establish a graduate-level curriculum in gerontology to expand student career opportunities in response to the growing aging population. Across the United States, gerontology graduate-level degree programs are offered via predominantly White institutions, with none of the 1890 land-grant institutions (i.e., 19 Historically Black Colleges and Universities [HBCUs]) providing a *graduate-level* gerontology program. This can be a perceived threat to academic programming at HBCUs, which may hinder the accessibility of gerontology programs for underrepresented students seeking knowledge about the aging population. Moreover, this can also impede the degree completion of aging service professionals.

To address this gap, faculty in the Department of Family and Consumer Sciences (FCS) at North Carolina A&T State University (N.C. A&T) applied for and secured a USDA Higher Education Challenge Grant in 2023. Utilizing the funds with a transdisciplinary approach, they developed an online graduate certificate program in gerontology to enhance the credentials of underrepresented students for careers in FCS. In March 2024, the program and its curriculum packet received university approval, and it is set to launch in Fall 2025.

The program is anticipated to fill educational gaps and prepare graduates to become future service providers for communities and their aging residents. During the presentation, the authors will introduce the program and course details and discuss how the university has collaborated with the program coordinator to develop a new course for the program.

Developing Your Disaster Preparedness Blueprint

Panel Symposium

Dr. Lindsay Peterson¹, Dr. Lee Ann Ferguson²

1. University of South Florida, 2. Erickson School of Aging Studies, UMBC

One of the many reasons people either do not prepare for disasters, or do not fully prepare, is the anxiety they associate with being involved in a disaster. This same anxiety is often associated with other critical but difficult decision-making, such as advance care planning. Despite knowing it is essential to plan for challenging and complex events, the process can be overwhelming, and it can be difficult to even know where to start. In this workshop, attendees will begin to develop a blueprint for their own disaster planning as moderators walk them through the process of all-hazards preparedness, disaster mitigation, and response. Attendees will be coached to consider their own environments, identify potential hazards, mitigate avoidable challenges, and begin to build a sense of what they would do (before and after) in the event of a disaster. Further, they will be given tools to help others develop their own disaster plans. We will work from a scalable disaster preparation model, from a kitchen fire to a more widespread incident. Speakers will discuss available resources, including pilot test results of an app in development by Lindsay Peterson, PhD, to help caregivers develop disaster plans for themselves and those in their care. Lee Ann Ferguson, PhD, will discuss elements of her most recent webinar series on “Emergency Preparedness Essentials: Safety, Care, and Recovery”. This webinar series was held in a four-part series in partnership between the UMBC Erickson School of Aging Studies, Virginia Commonwealth University, and the Health Quality Innovation Network (HQIN).

Digital Disparities: Internet Access and Health-Related Internet Use Among Older Black Caregivers in the South

Professional Poster Presentation

Dr. Kun Wang¹, Ms. Yanjun Dong², Dr. Olivio Clay¹, Dr. Nicole Ruggiano³

1. University of Alabama at Birmingham, 2. University at Albany, 3. University of Alabama

Background: Older Black caregivers face greater health risks than their White counterparts, with those in the South experiencing even greater challenges and poorer health outcomes due to the enduring effects of institutionalized racism. While digital technology holds the potential to reduce health disparities by improving access to health resources, its use among this vulnerable population remains underexplored.

Methods: Data were analyzed from 900 Black and White caregivers aged 50 and older using the 2017–2020 Health Information Trends Survey. Logistic regression models assessed the interaction between race (Black/White) and region (South/non-South) in relation to Internet access and health-related Internet activities, including seeking health information, communicating with doctors, and checking test results.

Results: Bivariate analyses indicated that older Black caregivers in the South reported the lowest rates of Internet access and health-related Internet activities. Logistic regression models revealed that Black caregivers in the South were significantly less likely than White caregivers outside the South to have Internet access ($OR_{\text{race} \times \text{region}} = 0.18, p < .05$) or communicate with doctors online ($OR_{\text{race} \times \text{region}} = 0.38, p < .05$), even after adjusting for covariates. However, among those with Internet access, no significant differences were observed in health-related Internet use by the race and region subgroups.

Discussion: These findings emphasize the persistent digital divide faced by Black caregivers in the South, which could exacerbate health disparities as healthcare systems increasingly rely on digital communication. Targeted programs to improve Internet access and provide health-related Internet training are urgently needed to address this inequity and support this vulnerable population.

Diverse, Disadvantaged and Aging – Perspectives, Stigma and Resiliency in Older Adults with a History of Substance Use

Professional Poster Presentation

Dr. Marissa Mackiewicz¹, Dr. Patricia Slattum², Dr. Leland Waters³

1. Virginia Center on Aging, 2. Virginia Commonwealth University: Center on Aging, 3. VCU GWEP

Substance use disorder (SUD) is on the rise in populations of older adults. Recent studies suggest that individuals 65 and over have the greatest increase in drug overdose-related deaths (Spencer, 2022). Despite significant increases in SUD, little research has been done to explore substance use, especially for disadvantaged populations of older adults. The purpose of this study was to characterize a population of racially diverse, low-income urban-dwelling older adults with a history of substance use in Richmond, Virginia. Specific areas of interest included substance use status, recovery capital, SUD associated stigma, and individual's beliefs around substance use and SUDs. Our study included 64 adults, age 50 and above, the majority identifying as black or African American, and having an income at or below 200% of the federal poverty index. Study participants were asked to provide basic demographic information as well as complete four validated research instruments (World Health Organization- Alcohol Smoking and Substance Involvement Screening Test, Brief Assessment of Recovery Capital, Substance Use Stigma Mechanism Scale, and the Addiction Belief Inventory) related to their own substance use as well as their beliefs about SUD. Our analyses show trends of substance use over time as well as factors that may have helped this population survive potentially life-threatening substance misuse. Our findings highlight the need for targeted interventions that address both the stigma and recovery resources available to older adults in this population, fostering a more supportive environment for sustained recovery.

Don't Let Your Memories Fade

Workshop/Presentation

Mr. Rick Voight ¹

1. Vivid-Pix

What if you could fill your free time doing what you love doing AND improve your health and well-being. You Can!

Life is made up of people, places, events, and feelings. Photos, documents, and keepsakes provide prompts to reminisce and share wonderful stories. Family History has been ranked the 2nd most popular hobby in America.

Depending upon an individual's desire, stage in life, or cognition stage, pRT (Photo Reminiscence Therapy) can be the education and coaching desired to get around to capturing the stories from a lifetime of memories, photographs and mementos, providing brain exercise, happiness endorphins release, and provides a loved hobby and improved socialization - to a therapeutic program provided by trained caregivers providing neurogenesis and connection with others.

This class describes the primary research conducted and resulting turnkey program ***Family Matters*** – a partnership between the *National Genealogical Society* and *Vivid-Pix* - that provides individuals and organizations with the tools needed to help individuals and organizations connect with the public.

Educational Attainment and ADRD Risk: A Comparative Analysis of U.S.-Born and Non-U.S.-Born Black Adults Using Data from the “All of Us” Research Program

Professional Paper Presentation

Dr. Yijiong Yang¹, Dr. Brittany Lane¹, Ms. Darcy Ravndal¹, Dr. Setor Sorkpor¹

1. College of Nursing, Florida State University

Introduction. Alzheimer’s disease and related dementias (ADRD) disproportionately affect Black adults, with higher prevalence rates compared to White individuals. While educational attainment is known to influence health outcomes, its role in ADRD risk among Black individuals is not well understood, particularly when stratified by nativity (U.S.-born vs. non-U.S.-born).

Aims. This study aimed to investigate the relationship between educational attainment and ADRD risk among U.S.-born and non-U.S.-born Black adults using data from the All of Us (AoU) Research Program.

Methods. We conducted a secondary analysis using a retrospective cohort design (July 2024). Study sample consisted of 77,069 Black individuals (≥ 18) with available birthplace information, identified through International Classification of Diseases (ICD)-9 and 10 codes. Participants were categorized into two cohorts: U.S.-born ($n=72,311$) and non-U.S.-born ($n=4,758$) Black individuals. Descriptive statistics, propensity score matching, and binary logistic regression analyses were performed to examine the association between educational attainment and the risk of ADRD, adjusting for demographic and socioeconomic factors. All analyses were conducted using Python within AoU Data Workbench.

Results. Our findings suggest that non-U.S.-born Black individuals with higher educational attainment had a lower risk of ADRD, whereas no similar protective effect was observed among U.S.-born Black individuals.

Conclusion. These results highlight the complex interaction between nativity, education, and ADRD risk and suggest that factors such as racial discrimination and socioeconomic disparities may mediate the relationship between education and cognitive health outcomes.

Implications. Future research should standardize the measurement of educational attainment and explore additional factors contributing to health disparities in Black populations.

Employing the Cognitive Awareness Model to Predict Self-Awareness for Everyday Functioning in Middle-Aged and Older Adults Living with HIV

Student Poster Presentation

Dr. Alexandra Jacob¹, Ms. Hathaichanok Phaowiriya², Dr. Michael Crowe², Dr. Victor Del Bene³, Prof. Pariya Fazeli², Prof. Despina Stavrinos³, Prof. Andres Azuero³, Dr. David Vance²

1. University of Kentucky, 2. University of Alabama at Birmingham, 3. University of Alabama Birmingham

Impaired self-awareness for cognitive or functional impairments is a critical clinical symptom in neurocognitive disorders which hinders individuals' capabilities to estimate their limitations and develop compensatory strategies effectively. The cognitive awareness model (CAM) suggests that self-awareness depends on various cognitive processes, including executive function and memory. While some people living with HIV (PLWH) are at increased risk for cognitive and functional impairments, few studies have investigated self-awareness in this population. Previous studies indicate that the impairment of executive functions and memory can be found in some PLWH. This study investigated the relationships between different factors influencing self-awareness for everyday functioning in middle-aged and older PLWH. This study was a cross-sectional study that analyzed baseline data from THINK-FAST study, a longitudinal investigation of cognitive training in middle-aged and older PLWH. In this study, 260 participants 40 and older were recruited from university HIV/AIDS clinic. Neuropsychological assessments, psychological measures, and performance-based and self-report measures of everyday functioning were administered to participants. A structural equation modeling (SEM) technique was followed to investigate the direct and indirect relationships between the variables of interest. SEM results indicated that executive function and WRAT-4 word-reading scores were significant predictors of self-awareness for everyday functioning. The findings suggest that executive function impairment may be the main cause of self-awareness impairments of everyday functioning in PLWH, and self-awareness of everyday functioning in PLWH is impacted by premorbid cognitive ability. Therefore, executive function training may improve self-awareness for everyday functioning by enhancing cognitive skills and evaluating and managing their abilities.

Empowering Nursing Home Staff for Improved Dementia Care Outcomes: Program Innovations and Policy Recommendations

Student Paper Presentation

Mr. Alfred Boakye¹, Dr. Karon Phillips¹

1. University of Maryland, Baltimore (UMB) & Baltimore County (UMBC) Baltimore - Maryland

The demand for person-centered care and the nationwide shortage of direct care workers have become national priorities. Among the noticeable challenges facing nursing home staff are low wages and benefits, increased workload, low staff empowerment, poor workplace safety, increased infection rates, no opportunities for career advancement or recognition, lack of support for transportation and child care, and the generally negative public perceptions about nursing homes which contribute to the staffing crisis in nursing homes. Recent data has revealed that women (>90%), Black, people of color, and immigrants who make up the most significant part of the workforce had lower earnings, lived in or near poverty, needed public assistance, and lacked affordable housing. Aside from poor job quality, job dissatisfaction, increased turnover rates, and poor quality of care outcomes for residents, Long-term Services and Support (LTSS) employers have been rendered non-competitive compared to others who offer better wages, have more stable work schedules, have less arduous work, and receive other benefits. It is, therefore, critical to explore policies at the state and federal levels and how important they are in addressing these staff challenges. This paper discusses successful programs (bridging wage gaps, subsidized training and support, and incentive programs) and highlights strategies for state and federal agencies to address staffing challenges in nursing homes. Additionally, policy recommendations are included to complement innovations, increase options for workers, and engage other stakeholders in responding to the notable and enduring workforce challenges.

Encore & Student Committee Spotlight - Combating Ageism: Lessons Learned from Across the Gerontology Career Span

Panel Symposium

**Dr. Patricia Slattum¹, Ms. Glynis Boyd Hughes¹, Ms. Bethanie Constant¹, Dr. Jodi Teitelman²,
Mr. Alfred Boakye³**

1. Virginia Commonwealth University, 2. Virginia Center on Aging, 3. University of Maryland, Baltimore (UMB) & Baltimore County (UMBC) Baltimore - Maryland

Ageism, the stereotypes, prejudice and discrimination towards others or ourselves based on age, affects us all and is prevalent in health care, higher education and other settings. In this session, we will discuss perspectives on ageism in higher education and health care and describe experiences with interventions to identify and combat ageism. Glynis Boyd Hughes will share her experiences in combating ageism in higher education as an adult learner and the impact of founding an undergraduate student organization for adult learners at VCU, Retro Rams, that contributed to institutional change and the development of VCU's Office of Adult Learners and Non-Traditional Students. Bethanie Constant will discuss her experiences in leadership in the not-for-profit senior living sector and using the VCU Organizational Assessment component of the Age and Ability Toolkit for Senior Living to raise awareness, celebrate strengths and develop recommendations for improvement to combat ageism at a senior living community. Patricia Slattum will share perspectives on ageism in health care from decades of practice as a pharmacist and discuss how training the health care workforce and reliably implementing high quality Age-Friendly 4Ms care can improve outcomes for older adults and mitigate ageism in health care settings. Advocacy, assessment leading to quality improvement, and implementation of evidence-based frameworks and training are methods that can lead to more age-inclusive health care, higher education and beyond. Our moderators will lead us in an engaging discussion with attendees on lessons learned and further opportunities to address ageism.

Enhancing Interprofessional Competencies: Comparing Virtual and In-Person Geriatric Assessment Interdisciplinary Team (GAIT) Projects

Student Paper Presentation

Ms. Jaminette M. Nazario-Acevedo¹, Dr. Diane Martin²

1. University of Maryland, Baltimore (UMB) & Baltimore County (UMBC) Baltimore - Maryland, 2. University of Maryland, Baltimore

Interprofessional education (IPE) is a training approach for health and social care students that focuses on fostering teamwork and collaboration among disciplines. For nearly 30 years, we have integrated this model into our signature training program, the Geriatric Assessment Interdisciplinary Team (GAIT) project, to prepare professional, graduate, and undergraduate students in health and social care disciplines to enter the geriatric workforce where collaborative engagement is necessary to address complex needs of older adults. Historically, GAITs were held at partner sites in rural and underserved areas of our state. However, the COVID-19 pandemic caused us to recreate the GAITs projects to be developed virtually. Beginning in 2024, we began offering the GAIT projects in both formats. The aim of this study is to compare the effectiveness of these two delivery formats using the Interprofessional Collaborative Competency Attainment Survey (ICCAS). The ICCAS is a 20-item, self-report instrument used to evaluate perceived competency in behaviors associated with patient-centered, team-based, collaborative care. GAIT project trainees ICASS twice, once before the start of the GAIT project and again upon its conclusion. Preliminary data analysis revealed that the two delivery formats are equally effective at improving participants' perceived competency in the areas measured by the ICCAS: Communication; Collaboration; Roles and Responsibilities; Collaborative Patient/Family Centered Approach; Conflict Management/Resolution; and Team Functioning. This session will showcase the GAIT IPE curriculum development process for the two delivery formats, participant recruitment strategies, and training outcomes assessment.

Evaluating AI-Generated Geriatric Case Studies for Interprofessional Education: A Comparison Across Five Platforms

Student Poster Presentation

Ms. Ava Brashear¹, Dr. Nicole Ruggiano², Dr. Amie Brunson¹, Dr. Heather Cole¹, Dr. Robert McKinney¹, Dr. Hyunjin Noh¹, Ms. Uche Nwatu¹, Dr. Suzanne Prevost¹, Ms. Sudikshya Sahoo¹

1. The University of Alabama, 2. University of Alabama

As artificial intelligence (AI) platforms expand in number and abilities, more educators are exploring how AI can make meaningful contributions to learning goals for students in interprofessional health education. However, the appropriateness of using such tools in educational activities is unclear. For this study a team of researchers from multiple health-related disciplines explored the potential use of AI platforms in generating geriatric case studies that can be used in graduate interprofessional simulation learning exercises. Ten case studies were created from five different AI platforms (N = 50), which were systematically evaluated by team members for content, quality, and potential bias. It was found that AI platforms could generate a variety of case studies in a short period of time, though there was variation in their performance in the quality of case studies they created. There was diversity in case demographics, though some populations often marginalized in health care were underrepresented (e.g., members of the LGBTQIA community). Most cases were presented within clinical settings, posing limitations for learning in disciplines that may encounter older adults within home and community-based settings (e.g., social workers, pharmacists, elder law). The findings suggest that AI platforms can increase the efficiency of generating new cases studies that expose students to a variety of medical scenarios they could encounter in workplace settings. However, educators should evaluate which AI platforms may best serve their educational needs as well as proofread AI-generated cases and edit them based on the learning goals of simulation assignments.

Evaluating Smoking Cessation Efforts in Skilled Nursing Facility Residents: A Quality Improvement Initiative

Professional Poster Presentation

Dr. Belinda Williams¹, Dr. Olaitan Okunbowa¹, Ms. brooklyn greenwood¹, Mrs. Sara Elgayar¹, Dr. Hesham Hassan¹

1. University of Alabama at Birmingham

Cigarette smoking, a leading cause of premature death and all-cause mortality, is often overlooked in skilled nursing facilities. This survey aimed to evaluate smoking behaviors and cessation efforts among residents of a skilled nursing facility through a quality improvement initiative. Nursing staff identified 20 tobacco users, however, five residents with significant cognitive impairment or behavioral disturbances were excluded. All identified smokers were offered smoking cessation counseling, and cigarette use data was collected biweekly over a four-week period. Six women and nine men (n = 15), predominantly African American, with an average age of 65. Sixty percent had a 12th-grade education or higher, 87% reported significant prior alcohol use, and 53% had a history of CAD or CVA. Residents began smoking at an average age of 18, smoked 7.5 cigarettes daily, and had an average 38.8 pack-year history. The Fagerström Test for Nicotine Dependence revealed 64% had low to moderate dependence, and 80% expressed interest in quitting, with 67% believing they could succeed. Nicotine replacement therapy (NRT) was accepted by 73%, despite 40% reporting previous unsuccessful quit attempts with NRT. Following counseling, cigarette use declined to 2.1 and 2.3 cigarettes daily at two and four weeks, with 93% achieving a 10% reduction. Residents identified habit and boredom as primary barriers to quitting, while increased outdoor time emerged as a motivating factor. These findings suggest that smoking cessation counseling, combined with NRT and lifestyle modifications, may effectively reduce tobacco use in this population.

Examining Daily Stress and Mental Health in Hispanic and Latinx Dementia Caregivers: Implications for Culturally Responsive Interventions

Professional Paper Presentation

Dr. Frank Puga¹, Ms. Loreli Alvarez¹, Dr. Natasha Bibriescas¹

1. University of Alabama at Birmingham

Hispanic and Latinx (H&L) family caregivers of people living with dementia encounter multifaceted daily stressors that profoundly influence their mental health and well-being. This study examined how caregiving-related stress, non-caregiving-related stress, discrimination, and perceived isolation contribute to daily depressive and anxiety symptoms among H&L caregivers. A sample of 168 H&L caregivers completed 21 daily diary surveys. Multi-level models revealed that higher-than-average daily caregiving-related stress was associated with higher depressive ($\beta = 0.10$, $p < .001$) and anxiety symptoms ($\beta = 0.10$, $p < .001$). Similarly, higher-than-average non-caregiving-related stress was linked to higher depressive ($\beta = 0.40$, $p < .001$) and anxiety symptoms ($\beta = 0.55$, $p < .001$). Experiences of daily discrimination were predictive of elevated depressive symptoms ($\beta = 0.69$, $p < .001$). Furthermore, higher-than-average perceived isolation was associated with higher depressive ($\beta = 0.66$, $p < .001$) and anxiety symptoms ($\beta = 0.66$, $p < .001$). These findings underscore how various stressors influence the daily mental health of H&L caregivers, highlighting the need for culturally responsive interventions to address caregiving-specific and systemic challenges. The results emphasize the importance of strategies addressing discrimination and isolation to promote health equity and improve daily well-being for H&L caregivers. Future research is needed to examine resilience factors that mitigate the effects of these stressors and how mental health experiences change over time.

EXPERIENCES OF LONELINESS AND SOCIAL ISOLATION IN OLDER PEOPLE LIVING WITH DEMENTIA – A QUALITATIVE EXPLORATION

Student Poster Presentation

Ms. Xiaoyi Zeng¹, Dr. Yuanjin Zhou¹, Dr. Lailea Noel¹, Dr. Kun Wang²

1. The University of Texas at Austin, 2. University of Alabama at Birmingham

Purpose: Older people living with cognitive impairment or dementia face heightened risks of loneliness and social isolation, yet their unique experiences remain underexplored as they are often excluded from research. Gaining insights into how this population perceives and navigates these experiences is critical to informing tailored interventions that enhance their well-being. This study aims to: 1) explore older people with dementia's lived experiences of loneliness and social isolation, and 2) identify facilitators and barriers to combat loneliness and social isolation.

Methods: A qualitative approach was employed with 17 community-dwelling older adults in Austin, Texas, including nine with cognitive impairment or dementia and eight care partners. Semi-structured, individual interviews were conducted, audio-recorded, transcribed, and analyzed using thematic analysis in Dedoose.

Findings: Older people with dementia's experiences of loneliness and isolation are marked by 1) emotional longing for connections, 2) feelings of sadness, fear, and frustration, and 3) disconnections with self, others, and surroundings. Both self-isolation (e.g., withdrawal and disengagement) and passive isolation (e.g., dependency on others) were identified. Facilitators included high cognitive function, willingness to engage, positivity, and supportive social networks. Barriers included cognitive difficulties, emotional distress, negative self-perceptions, and introversion. Care partners were crucial in facilitating engagement but faced challenges, such as emotional difficulties.

Discussions: This study amplifies older people with dementia's voices to deepen understanding their unique experiences. Future researchers and service providers should consider these factors to better support this population, such as fostering positive self-perceptions, creating inclusive environment, and empowering care partners, to combat loneliness and isolation.

Experiential Learning Bridges Intergenerational Relationships: Student Experiences of Building Community in Aging

Student Paper Presentation

Mr. Blake Peebles¹, Mr. Benjamin Thompson², Dr. Keisha Carden³, Dr. Rebecca Allen², Dr. Daniel Potts²

1. University of Louisville, 2. University of Alabama, 3. VA Maryland Health Care System

Bringing Art to Life (BATL) is a service-learning program that bridges generations by pairing undergraduate psychology or pre-healthcare students with persons with dementia (PWD) in an experiential learning model. By integrating person-centered care principles like art therapy and life-story/narrative at a community-based adult day services center, BATL fosters intergenerational relationships. These principles evoke empathy and experiential knowledge for students while embracing the personhood of PWD, challenging ageism and misconceptions about working with aging populations. The main course assignment uses journaling to gauge student experiences as they interact with PWD during eight sessions of art therapy. Students develop a life story album for PWD and their families, containing artwork and personal narratives. A qualitative analysis of 105 student journals across seven semesters was conducted using the Framework approach. A central theme of relationship building emerged, with subthemes of interpersonal process and existential awareness reflecting students' personal growth. Students described feelings of hesitancy and intimacy when beginning to build a relationship with PWD followed by a need to grow internally. Hesitancy quickly turned into excitement and gratitude among students and PWD based on having the opportunity to develop new friendships. Additionally, students learn to understand PWD beyond a diagnosis and grow in their own personhood. Programs like BATL demonstrate the potential of experiential courses to address critical issues in geriatric healthcare such as loneliness, workforce shortages, and ageism, while enhancing collaboration and community in aging. These opportunities are necessary for promoting education and nurturing intergenerational relationships in person-centered dementia care.

Exploring College Student Perceptions of Older Adults: A Photo Reflection Assignment

Professional Poster Presentation

Dr. Mi Hwa Lee¹, Dr. Abby Schwartz¹, Ms. Elayna Arthur¹, Ms. Karigan Zaferatos¹

1. East Carolina University, School of Social Work

College students' interest in careers in aging is low, and research suggests that ageist beliefs worsen their interest in gerontology. This study aimed to understand students' perceptions of older adults and strategies to change negative perceptions of older adults. A secondary data analysis was conducted using 120 photos and narratives from assignments in undergraduate Introduction to Gerontology courses during Fall 2023 and Spring 2024. Students were asked to 1) submit two photos and stories reflecting their perspectives on aging/older adults at the start of the semester, and 2) revisit their original submission and indicate if their perspective changed and provide ideas on how to change negative attitudes people have of older adults at the end of the semester. Thematic analysis was used to analyze the assignments, and peer debriefing was implemented to enhance the trustworthiness of the study findings. Key themes among student perspectives included physical changes in aging, activity in late life, emotional well-being and relationships, and strengths of aging (e.g., wisdom). Most students indicated that their perceptions of older adults remained the same, yet their knowledge of older adults expanded. Students also suggested positively influencing attitudes toward older adults, by enhancing the representation of older adults in media, gerontology education/awareness programs, and intergenerational engagement. Recommendations on altering the assignment will be presented (e.g., requiring discussion of ties to course content) 2), clarifying the questions associated with each assignment component, and 3) adapting the assignment for various teaching modes (e.g., online).

Exploring the Issue of Social Isolation in Northeast Tennessee

Virtual Presentation

Ms. Aimee Rowe¹, Dr. Erin Mauck¹, Dr. Jodi Southerland¹

1. East Tennessee State University

Social isolation is not a new problem, but it is growing and causing significant harm, especially in older adults. This study explored contributing factors and potential solutions to social isolation through one-on-one interviews with four community health professionals working in the aging sector in Northeast Tennessee during April 2024. Transcripts were analyzed using pre-existing codes. The Social Ecological Model (SEM) served as the framework, organizing themes by individual, interpersonal, and community levels of influence.

Thematic analysis revealed seven themes across the three influence levels that impact older adults' experience of social isolation. Individual-level themes include health and well-being, skills and abilities, and motivation for engagement. Family support emerged as the primary theme for interpersonal-level factors. Community-level factors include social/cultural influences, built environment and infrastructure, and faith-based and non-governmental organizational engagement.

The interviews yielded solutions such as proactive community building, chronic disease prevention, and partnerships with faith-based organizations. The SEM framework highlights the interconnectedness of the factors and potential solutions to this issue. Multi-level change is necessary to create meaningful impact.

Our study reveals that social isolation is a major challenge in older adulthood, driven mostly by an individual's health and personal characteristics such as self-determination. This highlights not only the need for interventions to address the issue for those currently experiencing isolation but also the need to strengthen efforts that enhance social connectedness and chronic disease prevention. Future research could dive deeper into the motivations for connectedness and explore successful interventions to increase resilience in older adults.

Factors associated with atypical cognitive impairment patterns among older adults in the NACC dataset

Professional Poster Presentation

Dr. Giovanna Pilonieta¹

1. University of Alabama at Birmingham

Identifying differences in risk factors for cognitive impairment and dementia in heterogeneous populations can inform precision medicine approaches to minimize cognitive and functional decline among older adults. We compared demographic, clinical, and cognitive performance variables between Black/African American (B/AA; N=116; 28%) and White participants (N=303, 72%) with evidence of cognitive impairment who did not meet the MCI criteria in the NACC cohort. Baseline data from Version 3.0 of the UDS, collected at the 37 NIA-ADRCs from March 2015 to June 2022 (alz.washington.edu) was analyzed. Spearman's rank correlations examined the associations between CDR®, MoCA, GDS, and FAS scores by race. Among 419 participants, 61.1% were female, mean age was 69.8 (SD 7.91), and mean education was 16 (2.88) years. B/AAs had a higher proportion of female participants ($\chi^2 = 8.6419 < .005$), were younger ($t = 2.23, > 0.05$), had fewer years of education ($t = 4.95, > 0.05$), and had lower MoCA scores ($p < .0001$). Regarding modifiable risk factors, B/AA were more likely to live alone ($\chi^2 = 27.66, < .0001$); be current smokers ($\chi^2 = 29.2581, 0.0098$), and report hypertension ($\chi^2 = 27.7492, < .0001$), and diabetes type II ($\chi^2 = 11.4299, 0.0096$). There were significant correlations among the assessments. However, associations between MoCA, CDR-SB, and FAS scores were only significant among B/AA enrollees. Our study found differences in associations between cognitive and functional assessments by race. Modifiable health behaviors may drive these differences and warrant further study. Future research should explore cognitive and functional trajectories to identify individual factors and biomarkers associated with the development of atypical cognitive impairment patterns among older adults.

Factors Associated with Sleep Outcomes in Caregivers of People Living with Dementia

Student Paper Presentation

Ms. Klaudia Molo¹, Dr. Melinda Higgins¹, Dr. Glenna Brewster¹

1. Emory University

Background: Sleep disturbances are common among caregivers of people living with dementia, negatively impacting their health and caregiving capacity. This study aims to identify factors influencing sleep quality and insomnia in caregivers, considering both caregiver-specific and care recipient-related causes.

Methods: This was a secondary analysis of baseline data from a randomized control intervention trial. The mean age of participants (N=187) was 64.4 years, most were female (71.7%), white (71.7%), and caring for a spouse (63.1%). Caregivers completed validated instruments assessing sleep, depression, stress, anxiety, caregiver burden, dyadic strain, care-recipient behaviors, and caregiver reactions. Multiple logistic regression models identified predictors of sleep quality and insomnia, adjusting for demographic variables.

Results: The mean PSQI score was 6.6, and the mean ISI score was 8.2. Perceived sleep quality (PSQI > 5) was present in 52.4% of caregivers and was associated with younger age, female gender, non-White race, depressive symptoms, perceived stress, and caregiver burden. The regression model for PSQI explained 39.9% of the variance with the strongest predictors being perceived stress, depressive symptoms, and care-recipient behaviors. 49.2% of caregivers reported insomnia (ISI ≥ 8). Insomnia was associated with younger age, female gender, employment, non-spousal relationship, perceived stress, and depressive symptoms. The strongest predictors of insomnia included perceived stress, anxiety, and care-recipient behaviors, explaining 38.1% of the variance.

Conclusion: Caregivers' sleep quality and insomnia are significantly affected by stress, mental health, and care recipients' neuropsychiatric symptoms. Interventions focusing on stress reduction and emotional well-being could enhance sleep outcomes and caregiver effectiveness.

Fasting ENHANCE: Exploring How Time-Restricted Eating Could Transform Aging Health

Student Poster Presentation

Mr. Christian McLaren¹

1. University of Florida

Background: Age-related biological and metabolic changes contribute to chronic health conditions and dementia, but lifestyle factors such as poor diet, inactivity, and sleep also play a key role. Research suggests that time-restricted eating (TRE) may improve metabolic and functional health, with potential to delay or prevent aging-associated conditions like dementia and support older adults' independence.

Methods: The Fasting ENHANCE study aims to test whether a TRE regimen can improve cognitive function and other aspects of successful aging in at-risk overweight older adults. Specifically, this study will evaluate whether a 16:8 TRE protocol can enhance cognitive and physical function, as well as self-reported sleep, mood, and quality of life in older adults (age >65) at high risk of cognitive decline due to self-reported cognitive difficulties. Eligible participants will be randomized to either the TRE intervention, in which they fast for 16 hours daily, or a successful aging (SA) comparison group for a 24-week period.

Results: We hypothesize that the TRE intervention will improve cognitive function in areas such as memory, attention, and visual-spatial abilities. Additionally, we expect improvements in cardiometabolic parameters, including weight, blood pressure, and fasting blood glucose.

Conclusion: The Fasting ENHANCE study represents a critical step in evaluating the potential of TRE to improve cognitive and physical function in older adults. If successful, this study could inform larger clinical trials and contribute to developing interventions to support the health and independence of the growing older adult population.

Fighting for the “Bare Minimum” of Care: A Qualitative Investigation into Patient Dismissal Among Medically Complex Patients

Student Poster Presentation

Ms. Kiera Chan¹

1. University of Alabama at Birmingham

Patient dismissal—defined as invalidation, deferred treatment, or denial of medical care—disproportionately impacts medically complex patients across the life course. Such patients often face long diagnostic odysseys, misdiagnoses, and systemic barriers to care, even with access to healthcare. This phenomenon is more prevalent among aging populations due to their medical complexity, yet limited attention has been given to its occurrence earlier in the life course. This study includes two pilot interviews and aims to collect 30-35 in depth semi structured interviews with individuals who are 18 to 65 years old, US citizens, identify as having a complex medical condition, have been seeking medical care for 6 months or more, and have access to health insurance currently or at diagnosis. Medically complex patients are defined as those with a rare disease or multiple chronic health conditions. Recruitment will occur through the internet via patient foundation groups and patient support forums. Pilot interviews included two women with Ehlers Danlos Syndrome and Spinal Cord Injury (SCI) and misdiagnosed with psychosomatic disorders early in their diagnostic journeys. Results from the pilot interviews revealed that despite objective, non-contested conditions such as SCI, dismissal persists, illustrating how uncertainty in complex cases leads doctors to misattribute symptoms or defer responsibility, undermining patient-centered care. Insights from this research will inform strategies to reduce dismissal, improve healthcare access, and address critical gaps in care delivery and health outcomes, particularly among medically complex patients.

Framing Aging Through Art: Using Humanities to Combat Ageism in Health Professions Education

Workshop/Presentation

Prof. Jennifer de la Cruz¹, Dr. Leslie Taylor¹, Dr. David Taylor¹, Dr. Susan Miller¹

1. Mercer University

Ageism remains a significant barrier to delivering equitable and compassionate care to older adults. To address this challenge, we designed a student photography exhibition engaging health professions graduate students in a creative exploration of aging through the lens of the 4Ms of age-friendly care: Mobility, Medications, Mentation, and What Matters. This project culminated in an interprofessional art exhibit where student photography of aging in their community was displayed and interprofessional groups of students viewed and reflected on these photos. This presentation will outline the design and implementation of this project, highlighting how the humanities can serve as a powerful tool to challenge stereotypes and foster empathy among future healthcare providers. We will share logistical details, including guidelines for student participation, event organization, and the wrap-up session that facilitated interprofessional discussions. Attendees will also have the opportunity to view selected pieces from the exhibit and participate in a reflective exercise, providing their insights on the role of humanities in education.

From Jesus to Avocado Toast: Examining How Different Generations of Black Americans Cope under Racial Capitalism

Professional Poster Presentation

Dr. Jocelyn Brown¹

1. Ohio University

This study examines how Black Americans cope with the dual pressures of racial capitalism and systemic racism across generations. Racial capitalism refers to the exploitation of racial hierarchies to sustain economic inequality, disproportionately affecting Black communities. Using Constructivist Grounded Theory (CGT), 27 participants spanning diverse ages, genders, and socioeconomic backgrounds were interviewed. The findings reveal distinct generational coping strategies under racial capitalism. Older adults employed meaning-focused coping, relying on faith, community service, and religious networks for resilience and emotional support. These strategies provide purpose and foster collective well-being. Middle-aged adults used escapism through nostalgic media to navigate stress while actively educating younger generations about systemic challenges as a form of problem-focused coping. Younger adults adopted emotion-focused coping, engaging in micro-consumption of small luxuries (e.g., splurging on avocado toast) to reclaim financial agency. The research offers valuable insights for mental health interventions and policy reforms to address systemic inequalities.

From Swipe to Swindle: A Systematic Review of Romance Scams Targeting Older Adults since the Onset of the COVID-19 Pandemic.

Student Paper Presentation

Ms. Taylor Pope¹, Dr. Chris Seto¹

1. Purdue University

The digital age has revolutionized the way people form romantic connections but has also opened new avenues for the exploitation of those seeking companionship online. Romance fraud is an offense involving the fabrication of romantic relationships to gain victims' trust and manipulate them, often for financial gain. In 2024, the Federal Trade Commission reported that older adults lost approximately \$277 million to romance scams, a disproportionately large amount compared to other age groups. This systematic review draws on Routine Activities Theory to examine how older adults become suitable targets for romance fraud, as online perpetrators exploit diminished safeguards for identity verification and the reduced ability of victims to detect scams. The methodology follows the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines to systematically identify the techniques employed by romance scammers, the characteristics of older adult victims, and safeguards on online dating platforms that help to prevent and detect romance fraud. This review includes both theoretical and empirical studies on romance scams impacting older adults following the 2020 COVID-19 pandemic. By integrating insights from both the criminological and gerontological literatures, this review aims to highlight key risk factors of romance fraud victimization and enhance digital safeguards for older adults on online dating platforms.

Frontotemporal Dementia & the Criminal Legal System: Care Partner Experiences

Professional Poster Presentation

Dr. Victoria Helmly¹

1. Georgia State University

Research on the intersection of dementia and the criminal legal system remains limited despite evidence that individuals with dementia frequently encounter this system. Prior studies have shown that frontotemporal dementia (FTD) can cause behavioral symptoms that violate social norms and may be perceived as “criminal.” As a result, individuals with FTD may be particularly vulnerable to interactions with the criminal legal system, including arrest and incarceration. This poster session will present preliminary findings from a study examining the experiences of people with FTD who have had contact with the criminal legal system through arrest, detention, arraignment, or incarceration. Drawing on interviews with care partners of individuals with FTD, the presentation will highlight their experiences and their unique challenges when navigating the criminal legal system.

Future Technology in Caregiving: Opportunities, Challenges, and Directions for Research

Student Paper Presentation

Ms. T'erah Spencer¹, Mrs. Victoria Bilal¹

1. Alabama A&M University

As caregiving demands grow, technology-based solutions have become vital in supporting family caregivers and older adults, addressing challenges such as health, social isolation, financial strain, and psychological well-being. Innovations in mobile and cloud solutions, robotics, connected sensors, virtual/augmented reality, and data analytics empower caregivers through personalized, efficient care. Integrated platforms mark a new era in caregiving support.

However, challenges persist. Issues of equity, access, privacy, security, and regulatory barriers limit the widespread adoption of these tools. Economic constraints and the need for inclusive, human-centered design further complicate implementation.

Promising technologies include telehomecare for remote monitoring and clinician communication, smart homes with passive monitoring for early intervention, personal health records (PHRs) that enable shared decision-making, and robotics supporting daily activities and mobility. While these tools offer significant benefits, caregivers, especially those managing complex conditions like Alzheimer's or end-stage heart failure, highlight gaps in navigating broader care systems.

Caregivers' lived experiences reveal that while technology can be financially and emotionally challenging, it is also deeply rewarding. There is an urgent need for user-friendly, accessible solutions tailored to diverse populations. This presentation introduces a conceptual framework to guide the development of future technologies, emphasizing caregiver needs. By addressing existing challenges and leveraging innovation, we can create tools that are not only functional but transformative, improving caregiving experiences globally.

Getting to Know Your Assistive Technology

Workshop/Presentation

Mrs. Sal Kibler¹, Ms. Ashley McLeroy²

1. Tools for Life, Center for Inclusive Design and Innovation, 2. Accessing Potential Through Assistive Technology (APT AT)

Did you know there are 56 Assistive Technology (AT) Act Programs across the United States? Alabama's APT AT and Georgia's Tools for Life invite you to learn more about these valuable resources and how they can help older adults lead more independent lives. We'll introduce you to the world of AT, look at how AT can change the lives of older adults and their caregivers, and show you how to access resources from your AT Act program.

Global Lessons for Local Action: Evaluating Healthcare Policy Effectiveness for Older Adults in Ghana.

Student Paper Presentation

Mr. Clinton Gyimah ¹

1. University of Georgia

As the populations grow globally, equitable healthcare policies are critical to ensuring the quality of life for older adults. This paper synthesizes findings from literature accessed through computerized databases, manual searches, and gray literature to evaluate the effectiveness of Ghana's National Health Insurance (NHIS) in addressing healthcare needs and promoting equity for older adults. Using Andersen's Behavioral Model of Health Services Use, mainly focusing on the Enabling Factor, the analysis reveals strict age criteria, limited coverage, and health disparities based on geography and socioeconomic status as significant concerns. These challenges hinder access to essential care and highlight the limitations of current policies in meeting the needs of aging populations.

While the paper focused on Ghana, the paper provides significant insight into underserved US communities, particularly in the South, where rural healthcare, chronic disease care, and health disparities persist. The paper concludes by proposing several recommendations, including expansion of the age category for the premium benefit, establishment of a network of clinics, provision of health subsidy benefits for treating and managing chronic diseases, and investment in geriatric care as the recommendations that could address the problems identified in the current healthcare policy for older adults in Ghana.

Global perspectives on family caregiving obligation: World Values Survey 2017-2022

Student Poster Presentation

Mrs. Lauren Chrzanowski¹, Mr. Blake Peebles¹, Dr. Benjamin Mast¹

1. University of Louisville

Culturally unique risk and protective factors influence the biopsychosocial context of family caregiving. Using World Values Survey data from 66 countries ($N = 96,394$), this study examines global perspectives on family caregiving. Participants rated their agreement with the statement, “Adult children have the duty to provide long-term care for their parents,” on a 5-point Likert scale (1 = agree strongly to 5 = disagree strongly). Globally, responses were skewed toward agreement.

Countries were grouped by the Inglehart-Welzel cultural map, comprised of African-Islamic, Orthodox Europe, Latin America, West and South Asia, Confucian, Catholic Europe, English-Speaking, and Protestant Europe. Significant differences ($p < .0001$) were found, with African-Islamic countries reporting the strongest obligation ($M = 1.60$) and Protestant Europe the least ($M = 3.30$). Additional grouping by cultural alignment (individualism vs. collectivism) showed significant differences ($p < .0001$): high individualism predicted less obligation ($M = 3.07$), while collectivism was less consistent with obligation. Economic stratification also revealed significant differences ($p < .0001$), with high-income countries reporting the least obligation ($M = 2.72$).

There are significant differences by individual country ($H(65) = 30606$, $p < .0001$). The Maldives, Egypt, Libya, Bangladesh, Myanmar, Jordan, Iraq, and Uzbekistan reported the strongest agreement with the statement ($M_s < 1.32$). The Netherlands ($M = 3.63$) reported the least agreement.

These findings suggest that cultural and economic factors shape values related to perceived caregiving obligation. Future research should diversify samples from low-income countries and explore whether obligation to provide care is a risk or protective factor for caregiver well-being.

Health Disparities and Inequalities: Adverse Healthcare Experiences for Older Ethnic and Racial Minorities

Professional Paper Presentation

Dr. Ann Marie Kopitzke¹

1. Hampton University

Introduction: According to the Centers for Disease Control and Prevention (CDC), in publications from 2021, minorities have higher rates of death and chronic illness than Whites. For Older Adults, the Kaiser Family Foundation (2023) identified that 11 % of Black adults and 5 % of Hispanic and Asian older adults had experienced mistreatment (unfair or disrespectful) within the last 3 years. Other research indicates that ethnic and racial minorities experience more health disparities and higher levels of health inequity as compared to Whites. **Methods and Analysis:** The 2023 Behavioral Risk Factor Surveillance System (BRFSS) was utilized to examine the health experiences of Older Adults with respect to age, chronic disease (N=142,164). This was an exempt study that used a secondary data set, with all identifiers removed for a total of 433,323 respondents. The sections of BRFSS that were used were demographic, socio-economic information. Specifically, chronic diseases were used along with Module 29: Social Determinants and Health Equity and Module 30: Reactions to Race. The main research question: “Does race and health condition have an influence on Older Adult’s healthcare experiences?” was used to develop hypotheses. The hypotheses tested include those for age, gender and disease status considerations with respect to healthcare experiences. Statistical analysis was conducted using the latest version of IBM SPSS and appropriate statistical tests. **Results:** The findings support other research for ethnic minorities and adverse health care experiences. This information can be used to inform policy and healthcare practices and procedures. **Keywords:** health experiences, health disparities, minorities.

Healthcare Provider Cultural Competency and Care Satisfaction of American Indian and Alaska Native Older Adults; Evidence-Based Practice Proposal: Implementation of Cultural Competency Trainings

Professional Poster Presentation

Mrs. Emily Nichols¹

1. Agilent Technologies, Inc.

The American Indian and Alaska Native (AI/AN) older adult population is rapidly expanding and, due to the higher likelihood of chronic diseases and a shorter predicted lifespan, personalized care is warranted. In healthcare settings, evidence has shown that AI/AN patients experience a greater frequency of healthcare provider (HCP) bias based on ethnicity which can negatively impact patient care satisfaction. Decreased satisfaction has been linked to poor provider-patient relationships and misunderstood patient preferences which may stem from cultural values thus patient-centered care starts with culturally competent HCPs. Current medical practices often utilize biological similarities to provide standardized care, however culture can have a profound effect on patient needs. Cultural competency of HCPs, as detailed in the Process of Cultural Competence in the Delivery of Healthcare Services model, is a combination of various competencies which require action on the part of the HCP in terms of learning and sustaining knowledge. Improving HCP cultural competency starts with cultural competency training. Utilizing the Iowa Model of Research in Practice, available data was reviewed leading to a proposed 8-week cultural competency training program aimed towards HCPs. This program intends to disseminate information of the AI/AN culture and special considerations for AI/AN patient treatment, focused primarily on AI/AN older adults. The intended outcomes include improved perceived competency by the HCP and greater care satisfaction by the patient. Provider-patient relationships are the foundation of quality care and through cultural competency trainings, HCPs can be better prepared to provide patient-centered, satisfactory care.

How ALTER leveraged Marketing Best Practices To Increase Recruitment & Retention Amongst African American Faith Communities

Workshop/Presentation

Mr. Andy Suggs¹, Dr. Fayron Epps², Mr. Robert Yanks¹

1. Reckon Branding, 2. University of Texas Health San Antonio

Dementia-Friendly Faith Villages was launched in 2018 to address the lack of resources and awareness of dementia in African American and faith communities in the State of Georgia. The program struggled to meet recruiting, retention, and program goals in its inaugural year. In response to less-than-desirable progress, the principal investigator partnered with Reckon Branding to define a messaging focus for the program that better connected with each of its key audiences: Church leaders, caregivers, and partner programs within their space. Considering 71% of customers recommend a brand based on their emotional connection to it, Reckon knew they had to tell a story that extended beyond facts and figures. The program was provided with a new verbal and visual focus through internal ideation sessions, audits of competitive programs, and external interviews of Church leadership and caregivers of those with cognitive impairments. Armed with the more memorable name ALTER, a new logo, and more consumer-friendly marketing materials, the team was able to secure 83 partnerships over the next 4 years. This strategic pivot has helped ALTER exceed its partner goals by over 300% and empowered the program to develop consistently impactful marketing materials, which provided improved recruitment reach, increasing the participants from 7,500 to more than 100,000. Thanks to this success, ALTER has extended its reach from Georgia, to many more African American communities of faith across 14 states. We will conduct a live brand and marketing exercise to help attendees identify their own marketing strategies.

How and with whom you spend your time matters: An examination of familial relationships, leisure activities, and dementia development

Professional Poster Presentation

Dr. Erika McDaniel¹, Dr. Tommy Phillips¹, Dr. Laura Downey², Dr. David Buys³, Dr. Brandan Wheeler⁴

1. Mississippi State University, 2. Alabama Cooperative Extension System, 3. Mississippi State University - Meridian, 4. Alabama A&M University

Dementia is an interminable disorder characterized by a decrease in cognitive functioning behavioral and emotional changes, and an overall diminishment in quality of life that usually affects the older population. In the coming decades, scientists estimate that the number of sufferers will reach over 100 million worldwide. Though there is currently no cure for any form of dementia, the theory of cognitive reserve posits certain lifestyle characteristics (i.e., educational attainment, SES, and/or career path) can mitigate the risk of dementia by improving cognitive resilience over an individual's lifetime. The current study sought to discover what, if any, effects familial relationships, leisure activities, and volunteer service have on an individual's level of cognitive impairment and ability to remember in his or her later years. Independent sample *t*-tests and hierarchical linear regression were used to analyze data from Wave 2 (1989, *n* = 2,867) and Wave 5 (2011, *n* = 1,319) of the Americans' Changing Lives (ACL) survey. The study found that marital status, spending time with friends, having pets, volunteer service, and time spent reading were associated with lower levels of cognitive impairment at the time of Wave 2, while marital status, spending time with friends, and spending time reading was associated with lower levels of cognitive impairment at the time of Wave 5, controlling for cognitive impairment at Wave 2. Furthermore, marital status, time spent reading, and visiting with friends was associated with less difficult remembering at the time of Wave 2.

How can mentoring assist in intergenerational learning in Higher Education?

Panel Symposium

Ms. Jessica DeAnna McCarty¹

1. University of South Alabama

Intergenerational learning in higher education refers to exchanging knowledge, skills, and experiences across different age groups, fostering a dynamic educational environment. Mentoring is pivotal in facilitating this process by bridging generational divides, enhancing collaboration, and creating a space for mutual growth. Through structured mentorship programs, younger students benefit from older mentors' wisdom, experience, and professional insights. In contrast, older generations gain fresh perspectives, technological skills, and cultural awareness from their younger counterparts. Mentoring fosters reciprocal learning, where both parties engage in meaningful dialogue and exchange ideas that challenge assumptions and broaden worldviews. It also promotes emotional support, career guidance, and personal development. By breaking down generational stereotypes and biases, mentoring helps create inclusive learning environments that value diversity and collaboration. Furthermore, mentoring can improve student engagement, retention, and academic performance by providing mentees with role models who guide them through the complexities of academic and professional life. This abstract emphasizes the importance of mentoring in promoting intergenerational learning, which can lead to more holistic educational experiences and prepare students for a diverse, multigenerational workforce.

How Caregiving Influences Custodial African American Grandmothers' Outlook on Life

Professional Paper Presentation

Dr. Kendra Jason¹, Dr. Dorothy Smith-Ruiz¹, Ms. Jerena McNeil¹

1. University of North Carolina Charlotte

Previous research on custodial African American grandmothers have failed to adequately capture the complexities of these family structures, relationships between family members, and the mental, psychological, and physical factors that shape the experiences of custodial grandparenting. Research on social determinants of health often link the mental and physical demands of custodial grandparenting to negative health outcomes such as stress, depression, and anxiety. This research takes a different approach. Here we highlight how custodial grandmothers experience resilience and positivity under these challenging conditions and explore how caregiving influences their perception of their physical and mental well-being. Data were collected from April-August 2020 and derived from 20 telephone interviews with custodial grandmothers in the Piedmont area of North Carolina who reported having multiple chronic conditions. This study has several preliminary findings: Custodial grandmothers (1) convey resilience as they express joy, rather than stress, when caring for their grandchildren, even as they experience daily pain related to health issues; (2) often have a more positive outlook on caregiving and health when their grandchildren do not have emotional, behavioral, or mental issues; or those needs are being met; (3) often have a more positive outlook on caregiving and health when they have social support and; (4) have a more positive outlook when there is healthy and positive relationship between the grandparent and their grandchild. Future research on custodial grandmothers with chronic illnesses should consider how positivity in caregiving reinforces individual and social determinants that may lead to a better outlook on their health status.

How to Publish: A Discussion with the Editor-in-Chief of Journal of Applied Gerontology

Workshop/Presentation

Dr. DEBRA DOBBS¹, Ms. Jessica Yauk¹

1. University of South Florida

Journal of Applied Gerontology (JAG) provides an international forum for information that has clear and immediate applicability to the health, care, and quality of life of older persons. Join Dr. Debra Dobbs, Editor-in-Chief of JAG as she discusses the process for getting published in this well respected journal. Get your questions answered and get helpful tips to help you with your next submission.

I am a Man, and I Care: Exploring the Care Experiences of Male Caregivers of People Living with Dementia in the United States.

Student Poster Presentation

Mr. Alfred Boakye¹, Dr. Christine A. Mair²

1. University of Maryland, Baltimore (UMB) & Baltimore County (UMBC) Baltimore - Maryland, 2. University of Maryland, Baltimore County

In 2023 alone, about 18.4 billion hours of unpaid care were received by people living with dementia for four years or more. Although women are found to shoulder the burden of care, men (16 million; 40%; 2 of every five unpaid caregivers in America) now share caregiving obligations more than in the past, despite an ingrained history of gender and cultural expectations of caregiving. Care intensity has been partially explained, where women provide more intense care than their male counterparts. Similar to females, male caregivers face challenges such as physical, emotional, psychological, and financial burdens, which expose them to complex and multifaceted health hazards. Existing research indicates that male caregivers are more likely to underreport resource utilization; others often defer their experiences and mask their emotions expressed within the concept of conservative masculinities. Underpinned by the social constructionism and gender role conflict theories, the aims of this study are threefold: (a) to understand the perceptions about male caregiving and how it shapes care experiences, (b) to identify the unique challenges male caregivers face in dementia care, and (c) to describe how male caregivers can be supported while providing dementia care. Social constructivist qualitative research and in-depth semi-structured interviews will be adopted. The data will be analyzed using the “Sort and Sift, Think and Shift” and thematic analysis techniques. This paper offers potential implications that could fill gaps in the literature, inform practically tailored programs, and promote the health outcomes of male caregivers and their care recipients.

Impact of Institutional Special Needs Plan Model on Outcomes and Care Coordination: Perspectives from NPs and PCPs

Professional Paper Presentation

Dr. Jolie Harris¹, Mrs. Katherine Bass¹, Dr. Marie Adorno¹

1. Louisiana State University Health School of Nursing

This study examines the role of healthcare providers in advocating for enhanced care models for older adults within Louisiana's first Institutional Special Needs Plan (I-SNP), a Medicare managed care model designed for nursing home residents. By exploring the perspectives of Nurse Practitioners (NPs) and Primary Care Physicians (PCPs), the research evaluates how the I-SNP model impacts clinical outcomes, care coordination, and the overall quality of care compared to the traditional Fee-for-Service (FFS) system. Using qualitative methods, in-depth interviews with seven NPs and PCPs revealed four primary themes: the current nursing home environment, challenges to I-SNP adoption, gaining acceptance, and the ISNP model effectiveness. The findings indicate that the I-SNP model positively influences clinical outcomes by reducing hospitalizations and improving early symptom detection. Cost reduction, enhanced care coordination, and improved staff nurse assessment skills were also noted as benefits. However, challenges such as implementation barriers, conflicting priorities, and resource limitations were identified. The study emphasizes the importance of advocating for policies supporting provider and resident relationship-building to optimize the I-SNP model fully. The research emphasizes healthcare providers' critical role in driving policy changes and advancing care models that better serve older adults. With the growing prevalence of SNP in Medicare, further research and advocacy are necessary to refine these models, ensuring they align with the needs of older adults and the healthcare systems that serve them.

Improving Older Adults' Diabetes Self-Management Through A Community-Clinical Partnership

Virtual Presentation

Mrs. LYDIA HOSKINS¹, Dr. Soghra Jarvandi¹, Mrs. Laura Williams¹

1. University of Tennessee Extension

Issue

Diabetes is a significant public health challenge, impacting more than 30% of adults 65 and older. Tennessee is ranked 45th among the states for diabetes prevalence. Health Extension for Diabetes (HED) program, an American Diabetes Association Practice-Tested Support program, addresses this issue through partnerships between Extension and healthcare providers.

Description

The HED program empowers adults with Type 1 or Type 2 diabetes to adopt sustainable lifestyle changes for effective management. Guided by the Social Ecological Model (SEM), we implemented a collaborative, community-based approach, fostering partnerships with traditional organizations like senior centers and non-traditional entities such as Chambers of Commerce and housing organizations. A comprehensive community resource guide was developed, offering information on food assistance, housing support, nutrition consultation, and mental health services.

Results

Pre- and post-surveys showed an increase in diabetes management knowledge, also in physical activity among participants. The program's 16-week structure is bolstered by ongoing partnerships with the health department, which supplies essential clinical insights for program participants throughout the program, and program champions at host facilities, who play a pivotal role in participant retention and sustained engagement in diabetes management. Local primary care physicians play a vital role in the program by referring patients, ensuring broader community participation, and facilitating early intervention for diabetes management.

Implications

By integrating clinical and community-based efforts, the program exemplifies the power of collaboration in fostering sustainable, community-driven health promotion. These partnerships demonstrate the impact of age-friendly environments in supporting older adults to manage diabetes and thrive in their communities.

Incarcerated Persons and Dementia: Perspective on an Expanding Need

Professional Paper Presentation

Dr. Megan Smith¹, Dr. Meredith Troutman-Jordan¹, Dr. Boyd Davis¹

1. UNC Charlotte

In work extending previous discussions of underserved and vulnerable persons, researchers recommend that older prisoners need to be screened annually for dementia. While the USA represents roughly five percent of the world's population, it houses nearly 1.2 million prisons averaging a two percent increase annually. About 186,000 of prisoners in the USA are 55 years or older, representing an increase of the total prison population from 3% to 15% in three decades. Over 61,000 of those inmates are sentenced to die in prison. Staff must acquire the ability to “understand the different early symptoms of dementia” so they can solicit further analysis and support treatment of this vulnerable population within the prison system. This study explored corrections nurses’ and corrections officers’ standard practices for prisoners with dementia, to better understand their safety issues and direct care challenges. Findings show that corrections nurses and officers (COs) have many concerns about the management and care of the incarcerated person with known or suspected dementia.. The intersection of “systemic racism,” and “disproportionate incarceration” support both the need and opportunity for future qualitative investigations of evidence-based, sustainable training for prison staff on the recognition and care of dementia, seeing common dementia-related behaviors as potential signs of unmet needs (e.g., pain, fear, infection); and learning strategies to manage behaviors in prison. However, COs and prison administrators are understaffed, underpaid, and experiencing job strain, burnout, and calls for continued creative and innovative approaches to supporting older inmates in need of dementia care.

Increasing awareness of barriers to oral care among older adults through simulation-based learning

Professional Poster Presentation

Dr. Nathan Smith¹, Dr. Raquel Mazer¹, Dr. Carly McKenzie¹

1. University of Alabama at Birmingham

Objectives:

To increase awareness and understanding of medically complex older adults and impact of social determinants of health in access to oral care

Methods: A simulation-based educational module was introduced to 107 D2 dental students.

Pre-simulation assignments included watching pre-brief videos on social determinants of health and use of motivational interviewing principles to improve oral health.

Standardized patient actors were provided a scenario consisting of health and social history and barriers to care including difficulty finding a dental home, transportation, fixed income, time, and health issues.

Students interviewed their patient, completed health history intake, addressed inconsistencies between written and verbal disclosure of health/medical/dental problems, recognized social factors affecting health, and suggested strategies to address barriers to care.

Following the simulation, groups of 8 students participated in a debriefing—utilizing advocacy/inquiry method—with the faculty facilitators. Two broad topics were discussed: health history review to ensure accuracy and perceived barriers to care.

Post-simulation assignments included a survey assessing attitudes towards treatment of older populations, writing a short reflection on the experience, and a post-simulation evaluation survey.

Results: Students (N=65) completed an optional, electronic, anonymous post-simulation survey evaluating the simulation activity. Five-point Likert scale responses “Strongly Agree” or “Agree” for prompts: would recommend this event to others (94%), experience will improve performance in clinical setting (95%), and the learning experience was valuable (95%).

Conclusion: Majority of students reported/indicated: objectives were met, the learning experience was valuable and would improve performance in a clinical setting. Based on responses, additional pre-briefing materials are being developed.

Innovating for Impact: Transformative Education Strategies in Gerontology

Workshop/Presentation

Mrs. Whitney Willis¹, Dr. Amy Curtis¹

1. Auburn University College of Nursing

Introduction: Continual learning is critical for addressing aging populations' growing and complex needs. Gerontology intersects healthcare, policy, technology, and beyond, emphasizing interdisciplinary collaboration to foster innovation and person-centered solutions. Undergraduate nursing programs are uniquely positioned to lead this effort, preparing students through dynamic education and hands-on engagement. Purpose: These initiatives seek to enhance gerontological education by integrating two forward-thinking courses, a student-led nursing organization, and a proposed global learning opportunity. These efforts aim to equip future professionals with the skills and perspectives needed to address the challenges of an aging society. Method: The courses, Vulnerable Populations and Wellness in Aging, emphasize culturally competent care and elder care expertise, using simulation and experiential learning to prepare students for real-world challenges. The Go Golden Geriatric Nursing Club, with the motto "Empowering Lives, Honoring Legacies," offers students opportunities for advocacy, community service, and leadership development. A proposed study abroad program will immerse students in global geriatric care systems, exposing them to diverse healthcare models and fostering cultural competence, and innovative thinking. Results: Though these programs are in early stages, anticipated outcomes include increased student engagement and the development of critical skills to address geriatric care complexities. The initiatives aim to inspire leadership, advocacy, and interdisciplinary collaboration while broadening students' global perspectives on elder care. Conclusion: This multifaceted approach underscores the value of interdisciplinary collaboration and lifelong learning. By blending curriculum innovation, student leadership, and global immersion, it provides a replicable framework for institutions seeking to prioritize gerontology education and its societal impact.

Interpersonal Conflict as a Reason to Save Items in Older Adults with Hoarding Disorder

Student Poster Presentation

Mr. Michael Fernandez¹, Dr. Mary Dozier¹

1. Mississippi State University

Late life hoarding disorder is often characterized by maladaptive attachment patterns, both with objects and with people. Interpersonal conflict is both a result of excessive household clutter and can exacerbate hoarding symptoms. The aim of the current study was to examine the role of interpersonal conflict as a maintenance factor of hoarding symptomology as identified by older adults in treatment for hoarding disorder. Fifteen adults (aged 50+) were enrolled in a brief (six-session) in home intervention for hoarding disorder. The majority of participants were women ($n=13$) and White ($n=11$) or African American ($n=3$). As part of the treatment, they sorted and discarded items in their home with the help of a clinician. Sessions were audio recorded and transcripts were reviewed for reasons for saving items. In total, 64 sessions were available for analysis across 13 different participants. Thirteen different reasons were discussed by participants as rationale for saving items. The most commonly endorsed reasons were future use (23 mentions), sentimentality (18 mentions), and appreciation of items (19 mentions). Four participants identified interpersonal conflict as a reason for saving items. All participants were identified interpersonal conflict as a reason were women. Interpersonal conflict was generally reported as being associated with a sense of responsibility for items belonging to loved ones, particularly family members who had passed away. Traumatic memories were also identified as a theme related to interpersonal conflict. Factors outside of the self can play a role in the maintenance and reinforcement of hoarding symptomology in late life.

Investigating Patterns of Accurate Reporters, Under-Reporters, and Over-Reporters of Everyday Functional Self-Awareness in Older People Living with HIV: A Multinomial Logistic Analysis.

Student Poster Presentation

Dr. Alexandra Jacob¹, Mrs. Maryam Rostamvand Eisalou², Dr. Michael Crowe³, Dr. Victor A. Del Bene², Prof. Pariya Fazeli³, Prof. Despina Stavrinos², Dr. David Vance³

1. University of Kentucky, 2. University of Alabama Birmingham, 3. University of Alabama at Birmingham

Approximately 30% of people living with HIV (PLWH) experience mild to moderate cognitive impairment in instrumental activities of daily living (IADLs). Impaired self-awareness in everyday functional status poses safety risks and impacts quality of life. Differences between self-reported and objectively measured IADL performance indicate that some PLWH may lack accurate awareness of functional abilities. This study examined self-awareness of everyday functioning in middle-aged and older PLWH. This cross-sectional study included 260 PLWH (40+ years), with 82.5% non-white. Participants completed a comprehensive assessment, including neuropsychological testing and subjective and objective measures of everyday functioning. IADLs, such as medication management, financial management, grocery shopping, and telephone use, were evaluated by comparing self-reported performance on the Lawton and Brody IADL Questionnaire with objective performance from the Timed Instrumental Activities of Daily Living (TIADL). Participants were divided into three groups based on differences between self-reported and objective performance: accurate reporters, under-reporters (overestimating their abilities), and over-reporters (underestimating their abilities). Multinomial logistic regression models identified cognitive and psychological correlates of self-awareness for each IADL domain. Results showed that under-reporting was more common than over-reporting, especially for grocery shopping (48.6%), medication management (23.2%), and telephone use (22.6%). Lower executive function and word-reading scores predicted under-reporting, while higher depressive symptoms predicted over-reporting in financial management and grocery shopping. Men were more likely to under-report grocery shopping difficulties. Individuals who under-reported problems with IADLs may not utilize compensatory strategies. These findings highlight the importance of examining self-awareness to support functional independence in this clinical population.

Ivermectin-associated Encephalopathy: A side effect of the COVID Pandemic

Professional Poster Presentation

Dr. Belinda Williams¹, Ms. Grace-Anna Perry¹, Ms. Susan Baskar Raj¹, Dr. Mark Newbrough¹

1. University of Alabama at Birmingham

Background:

Ivermectin was one of the first medications used to treat SARS-CoV2 infection, until the practice was discontinued for failing to improve mortality outcomes. Continued off-label use of ivermectin for COVID-associated syndromes raises concerns due to its known neurotoxic effects. We report a case of ivermectin-associated acute encephalopathy.

Case:

A 71-year-old, functionally independent woman with history of hypertension, hyperlipidemia, Meniere's disease, chronic migraine, insomnia, focal seizures, and mild cognitive impairment presented to the emergency room with acute-onset confusion of two days duration. Her exam, vital labs and labs on admission were unremarkable. Medication review revealed 19 medications and supplements including ivermectin 12mg, naltrexone 1mg, coconut oil, turmeric, L-tryptophan, alpha lipoic acid, digestive enzymes, quercetin, N-acetyl cysteine for COVID "spike detox" because she had received 3 COVID vaccine boosters and "spike proteins were interfering with her genes and affecting cognition". Inpatient Geriatrics was consulted for polypharmacy. Ivermectin and naltrexone were discontinued, and the patient's mentation improved. She was discharged after 2 days and back to her baseline mentation one week later.

Conclusion:

COVID-related ivermectin use continues in the U.S. population and has been increasingly associated with clinically significant encephalopathy. Physicians need to consider off-label ivermectin and other medication use in the differential diagnosis of acute encephalopathy. Public health authorities must continue to warn against unproven use of ivermectin especially among the elderly in whom delirium is known to increase all-cause mortality.

Key Challenges in Healthcare Communication and Literacy for Persons with Disabilities and Older Adults

Professional Poster Presentation

Mrs. Sal Kibler¹

1. Tools for Life, Center for Inclusive Design and Innovation

The pandemic has intensified existing inequities in healthcare access and communication, particularly affecting people with disabilities and older adults. Tools for Life (TFL) addressed these issues through focus groups and surveys, identifying specific health challenges within these communities. The findings informed the development of a comprehensive program that combines research, training, and practical demonstrations to empower individuals with disabilities and their families to navigate the healthcare system and make informed health decisions. TFL's research highlighted significant gaps in health literacy and barriers to service delivery. Although 86% of survey respondents had reliable internet access for telehealth appointments, only 76% found scheduling these appointments easy. Privacy concerns during telehealth consultations were a major barrier, with only 40% of respondents confident in telehealth privacy. Additionally, 33% faced technological challenges when accessing health information online or by phone, indicating a need for more user-friendly digital solutions. Interestingly, phone-based access was slightly easier than online portals, suggesting a preference for simpler communication methods. Many participants used assistive technology for medication management more than for appointment scheduling. One-third of respondents relied on others to accompany them to healthcare appointments, highlighting the potential of telehealth and assistive technology to foster greater independence in managing healthcare needs. These findings are crucial for guiding future healthcare communication and services for people with disabilities and older adults, aiming to improve healthcare outcomes and better prepare for future pandemics.

Leadership Engagement and Competency Progress

Student Paper Presentation

***Ms. Amanda Piechota¹, Ms. Sophia Geisser¹, Ms. Amy Recker², Ms. Ashley Smith¹, Ms. Vanessa Aguilar¹,
Dr. A. Lynn Snow¹***

1. The University of Alabama, 2. Brown University

This research aims to provide insights into how overall leadership attendance and the staff attendee composition at weekly coaching meetings impact competency development in nursing homes.

Research shows leadership is essential for successful implementation of interventions in nursing homes. Application and execution of evidence-based practices into nursing homes relies on leadership team's progress in select competencies. Mastery requires gradual and consistent building of competency skills. Weekly coaching meetings enable real-time assessment of teams through objective identification of how internal facilitators are progressing in their competencies. Leadership attendance at weekly coaching calls is a fundamental part of the competency matrix.

There are 19 nursing homes from a national pragmatic clinical trial for improving nursing home resident's sleep in the current study. We are reporting use on the matrix of progressive competencies for leadership teams in 11 nursing homes. Nursing home leadership implement the intervention with frontline staff in brief, collaborative, problem-solving huddles focused on resident's sleep. Competency is assessed across ten core elements of the intervention, scoring each core element as not met, foundational, proficient, or advanced. We will share our findings about how overall attendance at weekly coaching calls, including the specific roles of leadership members in attendance, relates to weekly competency ratings.

Complex psychosocial interventions to improve leadership effectiveness require an increase in competency over time. Our innovative method of measuring and tracking competency allows understanding of improvement over the course of the intervention, and how implementation characteristics like leadership attendance to coaching calls affects competency development over time.

Leisure and social connectedness: Leisure's potential to help widowers adjust after spousal loss

Professional Poster Presentation

Dr. Sarah Standridge¹, Dr. Rudy Dunlap²

1. East Tennessee State University, 2. Middle Tennessee State University

Widowhood is a multifaceted and dynamic process that necessitates significant social and emotional adjustments. This research explored how leisure engagement may have contributed to social support and adaptation following spousal loss, particularly among older men. Previous research has highlighted the disruptive impact of widowhood on social roles and relationships, often leading to loneliness and isolation. Gender differences in coping strategies have been noted, with men exhibiting greater vulnerability to depression, compounded by smaller social networks and fewer support systems.

Leisure participation has been shown to provide emotional support and promote well-being by fostering a sense of competence, control, and social connection. Successfully engaging in leisure activities—such as mastering a new skill or joining social groups—can mitigate stress and facilitate the adoption of new social roles. This study used a qualitative approach, employing semi-structured interviews to explore widowers' unique narratives of grief, resilience, and recovery through leisure.

The goal of this work was to understand how leisure experiences contribute to emotional and social adjustments during widowhood, emphasizing the role of perceived control and social support in buffering the negative effects of stress. Insights from this study contributed to better understandings of the interplay between leisure participation and healthy aging, offering potential strategies to support widowed individuals in maintaining cognitive, emotional, and physical well-being.

Lessons from the Field: Experiences of a Life-Long Gerontologist

Workshop/Presentation

Dr. Adrienne Lynn Cohen ¹

1. Georgia Southern University

Dr. Adrienne Cohen first began working with older adults in the early 1980's. She will share some of the wisdom she received from the people she served and the experiences she has had as a life-long gerontologist. Those of us that work in the field as nurses, social workers, case managers, etc., often we see ourselves as serving others but each day we serve, we are served by the patients, clients and consumers. Older adults are a great resource of wisdom, and we are given that wisdom as a gift that can enrich our lives. Dr. Cohen will discuss lessons from her wise clients, lessons based on the mistakes she has made along the way, and lessons from her professional experiences. As Dr. Cohen moves into her own later years, she will describe the ways in which her clients and career have influenced her life as an older adult moving toward retirement. There will also be opportunities for attendees to discuss and share their own lessons from the field.

LGBTQ Older Adults

Workshop/Presentation

Dr. Jeffrey Lentz ¹

1. Emory University

The lesbian, gay, bisexual, trans, and questioning, plus (LGBTQ+) older adult population continues to age and is at risk for utilizing long-term care services, among other care settings and services. This poses an issue for long-term care service administrators and staff as they are not prepared to provide inclusive quality care for LGBTQ+ older adults. In order to give quality inclusive care to LGBTQ+ adults and build bridges for community collaboration, long-term care administrators and staff, as well as other care partners, need to have a basic understanding of terms, history, trauma, and intolerance of LGBTQ+ people, and their experiences throughout their life course. In addition, learn how to make their communities safe, welcoming, and inclusive for LGBTQ+ older adults. This workshop will give participants an overview and best practices for working with older LGBTQ+ adults in personal care homes, assisted living communities, nursing homes, and other care settings. Topics include terms, historical trauma, discrimination, prejudice, dementia, statistics, and resources to make communities safe, welcoming, and inclusive.

Make Some Noise: Empowering Family Caregiver's Through the Journey

Workshop/Presentation

Dr. Ethlyn Gibson ¹

1. Old Dominion University

During this keynote session, Dr. Gibson will take time to address her 40-year career in working with community-based partners in empowering caregivers to advocate for themselves and their families. Her keynote will cover the importance of the role of the Southern Gerontological Society in addressing key issues related to clinical research, advocacy, caregiving and building a future professional workforce. You will leave the session truly inspired and ready to serve your community; ready to “make some noise” and address the issues for 2025 and beyond.

Mapping Motivators: A Scoping Review of Black Older Adults' Engagement in Adult Day Programs

Student Paper Presentation

Ms. Erreannau Zellous¹

1. Scripps Gerontology Center, Miami University

Adult Day Programs (ADPs) offer essential support for older adults living with dementia through cognitive stimulation, social engagement, and caregiver respite. Despite these benefits, Black older adults remain underrepresented in research, perpetuating misconceptions about their engagement needs and preferences. This scoping review synthesizes empirical and theoretical studies to explore the experiences of Black older adults who regularly attend ADPs, focusing on what motivates participation and what makes these programs meaningful to them. Existing literature highlights barriers such as systemic inequities, cultural divides, and financial strain, yet little is known about the perspectives of Black older adults who use these services. Findings emphasize the importance of culturally tailored programming and highlight the unique role ADPs play in fostering autonomy, connection, and dignity. Insights from this study prioritize the need to illuminate the voices of Black older adult ADP users to understand access and engagement that promotes utilization, shifting the narrative from barriers to motivators. By centering the lived experiences of Black older adults, this review aims to inform the development of inclusive, culturally relevant programming that strengthens community-based dementia care. This study provides actionable insights for researchers, policymakers, and practitioners about creating inclusive spaces and strengthening community-based dementia care, which could also help decrease systemic barriers and mistrust for research and healthcare within the Black community.

Mapping Structural Ageism: A Systematic Review of Indicators in the U.S. Context

Professional Poster Presentation

Dr. Kun Wang¹, Dr. Sukyoung Kang², Mr. Cong Liu², Ms. Yanjun Dong³, Dr. Victoria Rizzo³

1. University of Alabama at Birmingham, 2. Binghamton University, 3. University at Albany

Background. As populations age rapidly worldwide, structural ageism—systemic discrimination against older adults embedded in societal policies, practices, and procedures—has gained increasing attention. Unlike other forms of structural oppression, such as racism and sexism, ageism is often implicit in the U.S., making it more challenging to identify and address. Despite this growing interest, no comprehensive review of structural ageism indicators has been conducted to date.

Methods. A systematic review was conducted on articles published between January 2005 and July 2024, using databases such as EBSCO, ProQuest, and Web of Science, alongside snowballing searches. Inclusion criteria were peer-reviewed studies relevant to the U.S. context and published in English. Articles not meeting these criteria were excluded. Data were extracted and analyzed through thematic synthesis, following PRISMA guidelines.

Results. The review identified 36 studies and categorized indicators of structural ageism into five interconnected domains: legal and policy systems (e.g., stricter proof requirements in age discrimination cases), healthcare services and education (e.g., limited surgical access), workplace practices (e.g., early retirement policies), social services (e.g., few senior digital training programs), and cultural and societal norms (e.g., youth-oriented values).

Discussion. This study represents one of the first efforts to systematically review indicators of structural ageism. By synthesizing evidence across domains, it provides a theoretical framework to deepen understanding of structural ageism and its manifestations. These findings underscore the need for further research to operationalize these indicators and develop measurable constructs, enhancing understanding of their impact and better informing policies and interventions that promote equity for older populations.

Mitigating the Unmet Needs Among Low Income Older Adults

Professional Paper Presentation

Dr. Cynthia Williams¹

1. University of Central Florida

Background: Low-income, minority older adults experience a disproportionate amount of unmet social needs and are faced with inadequate or difficult to reach resources to mitigate the needs. This study aims to identify unmet social needs and describe barriers to resources among minority, low-income community-dwelling older adults in Florida.

Methods: We employed the Social Needs Screening Tool in a mixed-method study design; the community workers went door-to-door to complete paper versions of the survey. After completing the surveys, the community workers were invited to participate in a focus group.

Results: Three hundred and six individuals completed the survey; the average age was 72 years, 63% were females, 87.6% were Black participants, and 69.9% had at least a High School Degree. Critical findings indicate that 90% had health insurance, and of those people, 80% had primary care doctors. However, 70% of individuals without health insurance had no regular doctor. Thirty-six percent and 20% of individuals experience food and housing insecurity, respectively. Approximately 42% expressed financial concerns. From the focus group, several themes emerged: perceived unmet needs, lack of viable resources, and building a community to meet the needs.

Discussion/Conclusion: The growing diversity in aging populations alongside unfavorable poverty trends, suggest that the demand for scarce resources will increase. This increases the call to remove social and cultural barriers and decrease the complexities to access resources. We highlight the importance of informal networks to support older adult advocacy and provide examples of successful networks that support community-dwelling older adults who experience vulnerabilities.

Motives for physical activity participation for older women: an analysis of physical activity levels associated with residential environment

Professional Poster Presentation

Dr. Minyong Lee¹, Dr. Sung-Jin Lee², Dr. Elizabeth Hopfer¹

1. North Carolina A&T State University, 2. North Carolina A&T State University

Participation in physical activity (PA) on a regular basis has been shown to have a wide range of health benefits for older women. However, PA level of women in general has been found to be low and their participation rate decreases as they age.

Social-ecological models suggest that influences on PA for older adults should be examined on multiple levels. The results of previous research studies have indicated that, in general, the significant behavioral determinants of regular PA participation are: (1) motives; (2) environmental factors; (3) psychological factors; and (4) demographic characteristics. However, most of the previous studies in this area have investigated these determinants separately.

The purpose of this study is to determine older women's psychological and perceived environmental satisfaction and their relation with PA.

The data presented in this study were collected using an online survey with a sample of 555 older women in NC. In the survey questionnaire, the Physical Activity Scale for the Elderly (PASE) was employed to assess PA levels. Also, motivation for PA was assessed using the Motives for Physical Activity Measure - Revised (MPAM-R).

Regression models revealed that the linear combination of residential satisfaction measures was significantly related to the PA level. Results indicated that motives (i.e., fitness, interest, appearance and competence) accounted for a significant amount of PA variability indicating that older adults who had higher motivation scores problems tended to have higher scores on PA.

Navigating Dementia: Enhancing Care and Support Through Empowering Education

Workshop/Presentation

Mr. Alfred Boakye¹, Dr. Diane Martin²

1. University of Maryland, Baltimore (UMB) & Baltimore County (UMBC) Baltimore - Maryland, 2. University of Maryland, Baltimore

Alzheimer's disease and related dementia (ADRD) represent a growing public health crisis. There are an estimated 6.6 million individuals aged 65 and older living with ADRD nationwide and nearly 11 million unpaid family members providing care to these individuals. Dementia care providers have limited knowledge about and skills in navigating the complexities of providing person-centered care to people living with dementia. This can lead to decreased confidence in their caregiving abilities, caregiver burnout, and affect perceptions about individuals living with ADRD. Education is vital for improving care quality and caregiver well-being. In spring 2024, we launched the "Navigating Dementia" educational series. The program included five webinars and two in-person conferences, offering education on topics such as identifying cognitive decline, effective communication, and long-term services and support. Patient scenarios were integrated to provide practical learning opportunities and reinforce skills. Five-hundred forty unique participants attended the events, including 171 informal care providers, 85 Area Agencies on Aging employees, and 218 professionals who work with persons living with ADRD and their families. Pre- and post-event surveys were used to compare the influence of each event on changes in perceived confidence, skill, and/or attitude, as well as accuracy in responding to knowledge questions. Significant within group differences were found, indicating consistent improvements in all outcome measures. Only confidence was significantly different between groups. Overall, our educational series was successful in providing relevant and interactive learning through a hands-on approach and underscores the need to expand programs scope to address emerging issues in dementia care.

Navigating Silence: Evaluating Mobile Apps for People with Dementia

Student Poster Presentation

Ms. JOANA OKINE¹, Dr. Mariateresa T. H. Muñoz², Prof. Ellen L. Brown², Dr. Nicole Ruggiano¹

1. University of Alabama, 2. Florida International University

Background: Symptoms associated with Alzheimer's disease and related dementias (ADRD) often lead to communication challenges, complicating self-expression, caregiving, and medical care. Research demonstrates that augmentative and alternative communication (AAC) devices can be effective in supporting communication for people with ADRD. Recently, there has been an increase in the number of commercially available mobile apps that facilitate AAC. However, there lacks evidence on their appropriateness to support people living with dementia (PLWD).

Objective: This study systematically identified commercial mobile apps designed to facilitate AAC and evaluated their appropriateness for PLWD.

Methods: Apps were identified through the Apple IOS App Store and Google Play. Inclusion criteria required apps to function as an AAC for people with chronic conditions, did not exclusively target children, and were functioning. Eligible apps were evaluated for their features and rated using the Mobile App Rating Scale (MARS).

Results: Out of 139 identified apps, 11 met the inclusion criteria after removing duplicates. Apps varied in their design, characteristics, and quality. The MARS assessment indicated that apps performed best in their ease of use and navigation features and performed the lowest in their graphics and visual appeal. The evaluators only identified three apps that could potentially be appropriate for PLWD.

Conclusions: AACs support communication for people with diverse conditions, but those with ADRD face unique challenges, requiring specialized communication aids. Current AAC apps may not fully address the specific needs of PLWD. More research and development is needed to understand how AAC mobile apps can benefit this patient population.

Negative Beliefs About Threat of Alzheimer's Disease and Related Dementias Among Older Chinese and Korean American Dementia Caregivers: A Pilot Study

Professional Poster Presentation

Dr. Kun Wang¹, Dr. Mina Lee², Ms. Yanjun Dong³

1. University of Alabama at Birmingham, 2. Binghamton University, 3. University at Albany

Backgrounds. Older dementia caregivers are at higher risk of developing Alzheimer's Disease and related dementias (AD/ADRD). Older Chinese and Korean immigrants, facing cultural and language barriers and limited networks, may face even greater risks. Despite these vulnerabilities, little research has explored the perceived threat of AD/ADRD among this underserved population.

Methods. A pilot study was initiated in August 2024 and is ongoing. Online questionnaires in English, Chinese, and Korean were administered, taking approximately 30–40 minutes. Eligible participants self-identified as Chinese or Korean Americans, were aged 50 or older, and were caregiving for a family member with AD/ADRD. Participants received a \$30 gift card upon completion.

Results. As of December 2024, preliminary data were collected from 11 participants (average age: 62 years; 72.7% female). Most expressed worry about developing AD/ADRD (72.7%), with 45.5% believing they would develop it someday and 36.4% thinking they might within the next few years. Additionally, 81.8% believed developing AD would be extremely stressful for them and their loved ones, 81.8% wanted to know if they were at risk later in life, and 63.6% considered AD one of the worst diseases. While 36.4% disagreed that AD is “just a part of growing older,” 45.5% agreed.

Discussions. This pilot study highlights significant concerns about developing AD/ADRD among older Chinese and Korean American dementia caregivers, offering preliminary insights for future research. While some participants recognized that AD is not a normal part of aging, misconceptions persisted. Culturally competent education on AD/ADRD prevention tailored to this population's needs is essential.

Neighborhood Cohesion and Experiences of Discrimination as Risk Factors for Poor Mental Health Outcomes in the REGARDS Study

Student Poster Presentation

Mrs. Marquita Brooks¹, Dr. Olivio Clay¹, Dr. Suzanne Judd¹, Dr. Michael Crowe¹, Dr. Virginia Howard¹

1. University of Alabama at Birmingham

Mental health disorders affect around 14% of older adults, yet they are frequently undertreated or overlooked. Understanding the connections between social/community factors and mental health is crucial for advancing research on health disparities in older adults. This study utilized multiple logistic and linear regression models to investigate the associations of perceived discrimination and neighborhood cohesion with perceived stress, depressive symptoms, and mental health-related quality of life (QOL). The REasons for Geographic and Racial Differences in Stroke (REGARDS) study, a national, prospective cohort study, recruited 30,239 Black and White adults, aged 45+ to complete an in-home visit. The 7,965 participants included in this analytic sample were still active in REGARDS and completed a second home visit approximately ten years after baseline. The average age of the sample was 72 years, 55.5% were female, and 28.6% were Black. Results revealed that a one-unit increase in experiences of everyday discrimination was associated with 1.03 times higher odds of reporting depressive symptoms ($p = 0.002$) and having a 0.13 unit decrease in MCS scores ($p < 0.001$). Additionally, a one-unit increase in neighborhood cohesion was associated with 0.91 times lower odds of reporting depressive symptoms ($p < 0.001$), 0.95 times lower odds of reporting perceived stress ($p < 0.001$), as well as a 0.24 unit increase in mental health-related QOL scores ($p < 0.001$). Policymakers, community/neighborhood associations, and the general population should consider how experiences of discrimination and neighborhood cohesion may impact mental health. Future research should assess how community support systems may improve mental health outcomes in an aging population.

Neuroplasticity, Cognitive Interventions, and Cognitive Training in Older Adults with HIV: A State of the Science

Professional Paper Presentation

Dr. David Vance¹, Ms. Maryam Rostamvand Eisalou¹, Ms. Hathaichanok Phaowiriya¹, Ms. Xueling Zeng¹

1. University of Alabama at Birmingham

Combination antiretroviral therapies hinder HIV viral replication, allowing people to age with HIV. With over 50% of adults with HIV over 50+, this challenges the concept of successful neurocognitive aging. Unfortunately, over 50% of HIV+ adults experience HIV-Associated Neurocognitive Disorder ranging from milder forms (i.e., Asymptomatic Neurocognitive Impairment or Mild Neurocognitive Disorder) to a more severe form (i.e., HIV-Associated Dementia). Yet, even such milder neurocognitive impairments can interfere with financial and medication management, driving, and other instrumental activities of daily living that impact quality of life and survival. As this clinical population continues to age well into late adulthood, these milder forms of neurocognitive impairment may be accelerated or accentuated resulting in more severe neurocognitive and functional loss. Researchers and clinicians need to identify medical and lifestyle factors that facilitate positive and negative neuroplasticity in this population to promote cognitive reserve. In our review of the literature, factors that promote positive neuroplasticity include good sleep hygiene, physical exercise, good nutrition, social engagement, and cognitive stimulation. Factors that promote negative neuroplasticity include comorbidities (i.e., diabetes, cardiovascular disease), substance abuse, trauma and stress, social isolation, and loneliness. In this presentation, current research to improve positive neuroplasticity in older adults with HIV emphasizes the use of computerized speed of processing, transcranial direct current stimulation, olfactory stimulation, and more. Emerging insights from the first large longitudinal study (The Think Fast Study) investigating a cognitive training protocol in older adults (40+) with HIV are provided as an exemplar.

Opening Up Conversations about Loss? The Golden Bachelor and Bachelorette Discuss Grief

Student Paper Presentation

Ms. Karen Hoefer¹, Dr. Cindy Cain¹

1. University of Alabama at Birmingham

Grief and loss are topics that can be difficult to discuss, both because of the emotional experience of talking about loss and because we lack widespread models for how to deal with grief or integrate loss into one's biography. Bereavement experts have long emphasized that having better models for talking about grief would be beneficial to everyone and create more acceptance around dying. As a form of popular culture that receives high rates of viewership, "The Golden Bachelor" and "The Golden Bachelorette" have cultural power to model grief. We conducted a quantitative and qualitative content analysis of all 10 episodes of "The Golden Bachelor" and 9 episodes "The Golden Bachelorette" as well as 20 entertainment articles published in major news and entertainment outlets. Quantitatively, we analyzed how often loss is discussed, how much time is given to loss, and how often individuals involved expressed emotions or discussed loss factually. Qualitatively, we analyzed the variety of kinds of loss discussed, how grief was integrated into interactions and storylines, and how others responded to loss disclosures. We found that grief was expressed and discussed frequently, often providing a model that is consistent with bereavement experts' recommendations. Types of grief that were discussed most often in "the Golden Bachelor" were death of partner (947s) and failed plans for the future (1063s). However, in "The Golden Bachelorette", the types of grief that were most often discussed were death of partner, (3905s) and death of other family (273s).

Optimizing Engagement in Microbiome Studies Among Diverse Populations to Support Clinical Trials for Alzheimer's Disease and Related Dementia

Professional Paper Presentation

Dr. Cynthia Williams¹, Dr. Adam Golden², Dr. Hariom Yadav³, Dr. Michal Masternak⁴, Dr. Corinne Labyak⁵, Dr. Peter Holland⁶

1. University of Central Florida, 2. 1. Orlando Veterans Affairs Healthcare System, Orlando, FL 2. Department of Internal Medicine, University of Central Florida College of Medicine, Orlando, Florida, USA, 3. 4. USF Centre for Microbiome Research, University of South Florida, Tampa, Florida, USA, 4. 5. Burnett School of Biomedical Sciences, University of Central Florida College of Medicine, Orlando, FL, USA 6. Department of Head and Neck Surgery, Poznan University of Medical Sciences, 61-701 Poznan, Poland, 5. 7. Brooks College of Health, Department of Nutrition and Dietetics, University of North Florida, Jacksonville, Florida, USA, 6. 8. Department of Neuroscience, Schmidt College of Medicine, Florida Atlantic Univ., Boca Raton, FL, USA

Gut microbiota plays a significant role in nutrient extraction, metabolism, cognition, and immune function. A growing number of microbiome studies seek to link the presence and prevalence of specific bacteria, fungi, and viruses with a variety of cognitive and physiological disease outcomes. Unfortunately, clinical studies often exclude many older adults commonly encountered in clinical practice, such as those patients who are cognitively impaired, homebound, or from racially/ethnically diverse populations. The homebound older adult population is estimated to be three times larger than the equally impaired and chronically ill nursing home population. The homebound population is also older, more likely to be non-White, and less educated than non-homebound individuals; yet Black and Hispanic persons are increasing prevalence in Alzheimer's Disease and Related Dementia. Lack of transportation, cognitive impairment, and a non-English primary language may interfere with patient enrollment as well as adherence to the requirements of a Microbiome study. An interprofessional consortium of academic gerontology experts from across the state of Florida (MiaGB consortium) developed recruitment strategies for microbiome studies focusing on homebound older adults. Explicate inclusion and exclusion criteria are discussed. Based on the consortium's previous experience conducting microbiome studies, study designs that address potential confounding variables are also discussed.

Pain and its Impacts on Sleep and Depression in Older Adults

Student Poster Presentation

Ms. Sophia Geisser¹, Ms. Ashley Fromenthal², Ms. Zoe Geisser³, Mr. Branden Schaff⁴, Dr. Michelle Hilgeman⁵, Dr. A. Lynn Snow¹, Dr. Rebecca Allen²

1. The University of Alabama, 2. University of Alabama, 3. SUNY Albany, 4. Mississippi State University, 5. 1. Research & Development Service, Tuscaloosa Veterans Affairs Medical Center, Tuscaloosa, AL.

Introduction: In older adults, poor sleep quality is associated with depression, anxiety, cardiovascular, respiratory, and painful conditions, increasing stress-related symptoms such as chronic pain. Approximately 50% of older adults with pain have sleeping difficulties, elevating pain-related distress and negatively impacting mood and quality of life. Older adults with sleep disturbances report maladaptive cognitive patterns linked to depression, such as interpretational biases, judgment biases, and negative attribution styles, potentially exacerbated by pain severity. Strong evidence shows chronic pain and depression commonly co-occur with sleep disturbances in older adults; however, a relationship of pain severity to sleep disturbances and depression is understudied in older adults.

Methods: The Health and Retirement Study data from 2020 was analyzed via JMP multiple regression analyses to assess the relationships between sleep disturbances, pain severity, and depression in older adults. A mediation analysis assessed the potential role of pain severity in the relationship between sleep quality and depression.

Results: Results show that sleep quality and experiences of depression are positively correlated, $r(4911) = .22, p < .01$. Results also show that pain severity partially mediates the relationship between sleep quality (0.17) and experiences of depression (0.12) resulting in an indirect effect of 0.02.

Conclusions: Findings demonstrate a relationship between pain, sleep quality, and depression in older adults. Addressing pain severity and improving sleep quality through interventions, such as CBT-I or multimodal pain therapies, may reduce depressive symptoms and enhance quality of life. Integrating biopsychosocial approaches can help healthcare providers and policymakers better address age-related health challenges.

Paws with a Cause: Strengthening Caregiving Networks through Human-Animal Connections

Student Poster Presentation

***Ms. Erreannau Zellous*¹**

1. Scripps Gerontology Center, Miami University

Despite many interventions designed to facilitate caregiving, relatively little research has explored how animals can foster collaboration and strengthen caregiving communities. This poster examines three key perspectives—the Biophilia hypothesis, Socioemotional Selectivity theory (SST), and the Convoy Model of social relations—to highlight animals’ contributions to caregiving networks. The Biophilia hypothesis emphasizes the innate human connection to animals, portraying them as “portable nature” that promotes calm and delivers therapeutic benefits in community spaces. SST explains why older adults prioritize animals as low-conflict, emotionally fulfilling companions, offering meaningful bonds that align with their preferences for stable, rewarding relationships. The Convoy Model highlights animals as consistent support figures, filling gaps in caregiving networks and fostering resilience during transitions. Integrating these perspectives bridges theory and practice, providing applications for animals in caregiving settings that reduce social isolation, enhance emotional well-being, and build interdependence across caregiving networks. Addressing barriers—such as caregiving costs and policy challenges—this poster advocates for inclusive strategies to incorporate animal-assisted care into diverse caregiving communities. By positioning animals as care partners, this model presents a collaborative approach to enhance autonomy, psychological stability, and quality of life for older adults while fostering meaningful connections across research, practice, and policy.

Perceived Difficulties and Distress: Predictors of Well-Being in Individuals with Dementia

Professional Paper Presentation

Dr. Amanda MacNeil¹

1. Longwood University

Researchers in dementia care have increasingly focused on understanding the lived experiences of individuals with dementia, particularly aspects of the illness that have been underreported. This study aimed to examine how perceptions of various aspects of their illness, and the resulting distress, impact well-being outcomes such as quality of life, depression, and anxiety. Interviews were conducted with 61 institutionalized individuals with dementia, who self-reported difficulties and distress in areas like memory, self-efficacy, and relationships with caregivers, based on the Stress Process Model for Individuals with Dementia. Using correlational design and hierarchical regression, difficulty and distress measures predicted significant variance in quality of life ($R^2 = 0.29$, $F(7, 54) = 3.26$, $p = 0.006$), depressive symptoms ($R^2 = 0.27$, $F(7, 54) = 2.91$, $p = 0.012$), and anxiety symptoms ($R^2 = 0.40$, $F(7, 54) = 5.24$, $p < .001$). Notably, difficulty measures were more predictive than distress measures for quality of life (24% vs. 18%), depressive symptoms (25% vs. 21%), and anxiety symptoms (31% vs. 18%). These results highlight the importance of individuals' perceived difficulties in understanding the dementia experience. Without a cure, it is critical to identify factors affecting well-being that can be addressed in future interventions to improve quality of life and reduce depression and anxiety. Future work should not only continue to include individuals with dementia in research but also take their perceptions of their difficulties into account as these are meaningful for their well-being.

Perceptions of Physical Activity Among Women Aged 45-64 with Colorectal Cancer: A Systematic Review

Virtual Presentation

Mr. Jacob Callahan¹, Ms. Elle O'Donnell¹, Dr. TimMarie Chloe' Williams¹

1. University of the Incarnate Word School of Osteopathic Medicine

The perception of physical activity in women with colorectal cancer is vague. The aim of this systematic review was to examine the perception of physical activity in women with colorectal cancer. A systematic review was developed in accordance with PRISMA 2020. Relevant databases of PubMed and CINAHL were analyzed for studies published between 2004-2024. Articles were included if they: (1) included female patients who were between 45 and 65 years; (2) were written in English; and (3) were full-text available. Three authors independently screened titles, abstracts and full papers. A total of 79 articles and eight were selected in this systematic review. This review highlights the importance of physical activity for women aged 45-65 diagnosed with colorectal cancer. However, there is a need for more comprehensive, long-term studies in this area.

Post-retirement Leadership and Community Engagement : A PLACE to Collaborate and Combat Social Isolation Among Older Americans

Student Poster Presentation

Ms. Elizabeth Lutz¹

1. University of Georgia

“Current estimates of the prevalence of social isolation in community-dwelling older adults indicate that it is as high as 43%” (Nicholson, 2009). This is an alarming statistic, especially considering that by 2050, 22% of the U.S. population will be 65 or older (ACL, 2023). Social isolation and loneliness among older adults can lead to negative health outcomes, including depression, cognitive decline, and increased risk of heart disease. Therefore, fostering leadership development and community engagement for older adults is essential to enhancing their overall well-being and social connectedness.

The Post-retirement Leadership and Community Engagement (PLACE) Program for older adults in rural Georgia communities will combat social isolation by strengthening leadership skills and fostering intergenerational connections. Through structured sessions on leadership principles, social issues, and soft skills, participants will gain the confidence and tools to take active roles in their communities. Each participant will be paired with a local organization or community project, facilitating knowledge exchange and meaningful relationships across generations. PLACE will serve as a conduit to provide mutually beneficial exchanges between older adult participants and their communities at large.

By empowering older adults as community leaders, PLACE will provide them with a renewed sense of purpose, reduce loneliness, and create lasting social ties. Intergenerational collaboration fosters mutual learning, encourages active participation, and helps older adults feel valued within their communities. This program is a proactive solution to addressing social isolation by providing a *PLACE* that promotes lifelong learning, leadership, and community engagement.

Post-Silver Tsunami: Pre-licensure Nursing Students' Caring for the Older Adult Immersion Course

Workshop/Presentation

Dr. Kimberly Delgado¹, Dr. Donna Roberson¹, Dr. Jean Matthews¹

1. East Carolina University College of Nursing

In 2024, the United States experienced the 'Silver Tsunami', the year in which a record number of individuals turned sixty-five. The older adult (65+) population is projected to exceed 88 million by 2060. Nursing homes (NHs) will serve significantly more individuals in the coming years. Exacerbated by the COVID-19 pandemic, NHs have struggled with recruitment and retention of qualified nursing staff. NHs lack adequate registered nurse (RN) staffing, resulting in suboptimal care. The Centers for Medicare and Medicaid Services have proposed new staffing regulations for NHs, which include increasing the RN workforce.

With the current nursing crisis and future projections, NHs will not be able to meet the needs of older adults without implementing innovative approaches. Increasing academic-practice partnerships can improve educational opportunities and NH recruitment of new graduate nurses (NGNs). Course content related to care of the older adult is generally didactic. Most nursing student clinical experiences are focused on the acute care setting. NH clinical rotations are optional and dependent on availability of clinical sites and faculty that are familiar with the setting. The Carolina Geriatric Workforce Enhancement Program team created an independent study immersion course, with the goal of increasing the number of NGNs who choose first-time employment in NHs. Students will learn about the role of the RN caring for the older adult in the NH setting and receive certification in dementia care. The course concludes with a clinical experience in the NH setting.

Project GLEAN'D: Generating and Learning Evidence-Based Approaches for Navigating Dementia Among First-Generation Wealthy Black Caregivers

Professional Paper Presentation

Dr. Lauren Parker¹

1. Johns Hopkins University

This study explores the unique experiences of first-generation wealthy Black/African American (hereinafter referred to as Black) caregivers, a group often overlooked in dementia caregiving literature. While caregiving within Black communities is shaped by cultural norms that emphasize family responsibility, first-generation wealthy caregivers face distinct challenges despite their financial capacity to access formal care. Through 12 semi-structured interviews with self-identified first-generation wealthy Black dementia caregivers, this study examined the facilitators and barriers they encounter and their specific care needs.

Findings revealed that geographic relocation for work often complicates caregiving, requiring adjustments to provide care from a distance or through paid support. Balancing work responsibilities with caregiving emerged as a critical challenge, with gendered differences influencing the delegation of caregiving tasks. Participants highlighted significant barriers in navigating formal care services due to mistrust, limited culturally relevant options, and difficulty identifying appropriate resources.

Care needs identified included guidance on transitioning family members to residential care, strategies for managing dementia-related behaviors, and culturally tailored programs to address caregiving challenges. Despite financial resources, participants expressed interest in interventions that provide practical tools, emotional support, and connections to trustworthy services.

This study contributes to a nuanced understanding of caregiving experiences within the Black community, advancing the science on wealth-related heterogeneity among dementia caregivers. Findings will inform the development of tailored interventions to enhance caregiving transitions, resource utilization, and management of dementia-related challenges for first-generation wealthy Black caregivers.

Project RECLAIM: Reduce Clutter and Increase Meaning in your life!

Workshop/Presentation

Dr. Mary Dozier ¹

1. Mississippi State University

Hoarding disorder is a chronic and debilitating psychiatric condition that can prevent older adults from being able to age in place. Excessive clutter can create health hazards in the home, as well as prevent older adults from being able to use their home as needed (e.g., having the necessary space to engage in prescribed physical therapy exercises). Project RECLAIM is a brief home-based intervention that combines motivational interviewing with simple behavioral exercises designed to facilitate older adults learning to de-clutter their homes in a way that is value-consistent and sustainable. Clinicians meet with patients once a week in the home and provide and guiding affirmations, reflections, and open-ended questions while patients actively make decisions about what to keep and what they can discard. A six-session version of Project RECLAIM was found to significantly decrease clutter levels in the homes of older adults with hoarding disorder while also significantly increasing positive affect. This workshop is designed for case workers and mental health clinicians who work in home-based or telehealth care settings and are interested in learning evidence-based techniques to help their patients de-clutter. We will provide an overview of how motivational interviewing can be used for late life hoarding disorder and how to implement these techniques across a variety of settings. Using a simple behavioral intervention facilitated through motivational interviewing we have found that Project RECLAIM helps older adults to reclaim their homes and to reclaim their lives.

Psychosocial and Health Benefits of Age Gap Relationships

Student Paper Presentation

Ms. Shanicqua Richardson¹, Ms. Evelyn Lee², Mr. Foster Osei², Dr. Antonius Skipper², Dr. Tiffany Washington¹

1. University of Tennessee College of Social Work, 2. Georgia State University

An age-gap relationship is a romantic relationship between consenting adults with a notable age difference, commonly considered 10 years or more. Large age gaps often raise questions about the dynamics of the relationship, such as differences in life experience, power balance, and social acceptance. Existing literature rarely highlights the positive aspects of age-gap relationships, and what qualifies as a problematic age gap can vary based on cultural norms and personal values.

The purpose of this scoping review is to highlight the health and psychosocial benefits of age-gap relationships. With the guidance of research librarians, databases including AgeLine, PsychInfo, Scopus, and PubMed were searched using terms such as “age-discrepant,” “intergenerational relationships,” and “age dissimilar” from the year 2000 to 2023. Non-English studies were excluded from the search. The search results were saved in Zotero and analyzed in Covidence.

The initial search yielded 25 citations. Three graduate research assistants removed studies that met the exclusion criteria. The final number included 11 studies, only two of which clearly highlighted benefits such as greater life satisfaction and mentorship for life guidance. Our research points to a profound literature gap and the need for a strengths-based approach in age-gap research. Highlighting such benefits may positively impact societal views and provide guidance to clinicians, providers, and age advocates who work with older adults in age-gap relationships.

Psychosocial Well-being Of Older Adults In Rural Appalachia: Do Pets Make A Difference?

Professional Paper Presentation

Dr. Emily Dakin¹, Dr. Kelly Williams¹, Dr. Maureen MacNamara², Dr. Twila Wingrove¹

1. Appalachian State University, 2. unaffiliated (retired)

This study examined relationships between pet ownership, pet attachment, psychological well-being, and social networks/social support among community-dwelling older adults in rural Southern Appalachia. Community-dwelling older Appalachians experience disproportionately high risk for loneliness and isolation and increased negative health impacts compared to older adults in the US as a whole. Prior research suggests the potential positive impact of pets as a strategy for combating loneliness and isolation in this understudied rural population. We received 201 surveys with sufficient data to include in analyses. Most respondents identified as female, heterosexual, and Caucasian. The average age was 71.3, and most respondents were retired. Just over three-quarters of the sample owned pets, but there were a sufficient number of non-pet-owners to make comparisons. Overall, pet-owners and non pet-owners did not differ significantly in terms of social network / social support or psychological well-being. Pet attachment quality scores were negatively correlated with social network/social support, and not related to psychological well-being. These findings held when controlling for gender and type of pet. Since pet attachment was negatively correlated with social network / social support, clinicians may consider strength of pet attachment to be a potential risk factor to consider when assessing for social isolation. On the other hand, perhaps people with high social connections outside the home just happen to have weaker attachment to their pets. Overall, results suggest that while pets can be important companions for rural Appalachian older adults, they should not be introduced as a primary strategy for psychosocial wellness.

Public Policy and Advocacy Committee Spotlight: Older Americans Act Reauthorization Act-2025

Panel Symposium

Dr. Annie Rhodes¹, Mr. Matt Jones², Mrs. MaryLea Boatwright Quinn³, Mr. Nick Nyberg⁴

1. Virginia Commonwealth University: Center on Aging, 2. Virginia Department for Aging and Rehabilitative Services, 3. Georgia Department of Human Services, Division of Aging Services, 4. Alabama Department of Senior Services

The Older Americans Act (OAA) was initially passed in 1965 and is periodically reauthorized. The primary focus of the OAA is to provide services to adults over 60 who do not live in institutions. In 2024, the OAA was substantially updated with new requirements, including additional provisions for the prevention of elder abuse, coordination of work with tribal programs, emergency preparedness and response, and modernization of the nutrition program. The Administration for Community Living, State Units on Aging, and local Area Agencies on Aging, with affiliated partners, must comply with the new OAA requirements by October 2025.

Join the SGS Public Policy and Advocacy Committee as a panel of aging network partners from across the south discuss the implementation of the reauthorized OAA. Panelists will discuss both the benefits and the barriers to the regulations. Learn more about the differences between states. This session will examine the shared challenges and solutions to implementing the OAA requirements.

Quality outcomes following a nursing assistant recruitment and training program

Professional Paper Presentation

Ms. Swati Jha ¹, Dr. Redwan Bin Abdul Baten ², Dr. Trent Spaulding ³, Dr. Sandi Lane ⁴

1. UNC Charlotte, 2. University of North Carolina Charlotte, 3. Appalachian State University, 4. University of North Carolina at Charlotte

The job openings for certified nursing assistants (CNA) In North Carolina nursing homes (NH) is estimated to be 613,500 by 2030, and will account for 38% of all open positions in NH. COVID-19 exacerbated the decades old staffing deficit with an estimated 8.4% of the NH workforce leaving the industry, many never returning.

In 2020, FutureCare of NC conducted the CaregiversNC recruitment and training program to increase the number of trained CNAs working in NC NH. CaregiversNC recruited and trained 4657 CNAs from Sept 2020 to Sept 2023 in 120 NHs across North Carolina. During this same time period, CaregiversNC provided virtual training programs for NH leadership on topics such as appreciation, engagement, trust, culture, and communication. The participant CNAs were surveyed on their satisfaction with the training program and employment environment.

Satisfaction surveys from the program participants, aggregated at the NH level, were then linked to the CMS quality metrics, payroll-based journal, nursing home compare, and long term care (LTC) data sets. A quasi-experimental differences-in-differences (DD) model was used for the analysis. DD estimates showed no significant differences between the participant NHs and the non-participant homes on quality outcomes or staffing outcomes before and after the COVID-19 pandemic.

Findings suggest that recruitment and training programs alone do not increase retention and quality outcomes. Other factors known to contribute to CNA retention such as wages, recognition, communication and supervisor feedback need to be considered in future research.

Race, Identity, and Caregiving in Aging Communities: A Reflexive Inquiry

Professional Paper Presentation

Dr. Karel Kalaw¹

1. University of Central Oklahoma

Caregiving is often seen as an intimate act of love and duty, yet it is shaped by social, economic, and political forces. How do these larger systems determine who provides care, under what conditions, and with what resources? This session explores caregiving within aging communities through a reflexive lens, drawing on personal experiences and scholarly insights. As a Filipino scholar navigating migration, cultural expectations, and systemic constraints, I reflect on how both tradition and institutional structures shape caregiving roles.

Research on aging and caregiving highlights the gendered and racialized nature of care work, its economic under-valuation, and disparities in elder care access (Hill-Collins, 2000; Estes, 2001; Dillaway & Paré, 2008). How do these broader patterns manifest in lived experiences? How do cultural traditions intersect with structural inequities to shape caregiving burdens? Through my family's experiences, I examine care's financial, emotional, and social dimensions, particularly within immigrant communities.

This session raises key questions: How do caregiving expectations shift across racial, ethnic, and economic contexts? How do policies reinforce or challenge caregiving inequities? Are there alternative models of care that move beyond individual sacrifice toward collective responsibility? Engaging with theories of care economies, interdependence, and structural inequality (Fine & Glendinning, 2005; Brown & Duncan, 2019), this session encourages discussion and reflection on dominant caregiving narratives and reimagining possibilities for aging and care.

Rather than providing fixed conclusions, this session invites participants to critically explore how caregiving, identity, and justice intersect in aging communities.

Reimagination of intergenerational learning programs addressing ageism: a systematic literature review

Student Paper Presentation

Ms. Younghyun Kim¹

1. University of Georgia

Intergenerational learning programs (IGPs) have been widely used as a promising means to decrease ageism along with increasing well-being. Considering ageism is socially constructed across life spans, the purpose of this review is specifically to understand current IGPs approaches in addressing ageist attitudes toward people of all ages. Following the PRISMA process, a total of 15 studies were analyzed (seven qualitative and nine mixed methods). The findings reaffirm the effectiveness of IGPs in mitigating ageism, yet two main themes were developed: participants mostly were undergraduates, whereas older adults varied significantly, and the inconsistency of program design and measurement scales. Findings suggest two critical implications of the current limited application of IGPs to responding to the evolving demands of an aging society and its implications for societal evolution.

Rethinking Our Theoretical Approaches to the Abuse of Older Adults in Developing Countries

Student Poster Presentation

Mr. Mohammad Hossain¹, Dr. Natalie Pope¹

1. College of Social Work, University of Kentucky

This presentation proposes a theoretical approach to explain older adult abuse in developing countries - one that is more applicable than traditional theories used in the developing world. The global population of older adults is rapidly increasing, alongside a troubling rise in abuse against them. The nature of older adult abuse varies between economically developed and developing countries, with the latter facing unique challenges related to their structural, socio-economic, cultural, and political context. Common theories that are put forward to explain older adults in the Global North fail to capture the complexities of such abuse in the less developed countries. For example, the stress and burden perspective (Pillemer & Finkelhor, 1998) suggests that older adults are more likely to be mistreated when caregivers, overwhelmed by caregiving demands, vent their frustration on care recipients. Social exchange theory (Blau, 1964) points to resource imbalances and power dynamics, leading to older adult exploitation and abuse. While these theories offer important insight into older adult abuse, many of them are insufficient in accounting for the distinct context of caregiving for older adults in developing countries. This paper argues that the political-economy perspectives offer a more comprehensive understanding of older adult abuse in the Global South. This approach accounts for poverty and inequality, weaker social safety nets, and patriarchal social systems that tend to be realities in less developed nations. Therefore, this presentation advocates for adopting political-economic theories to more effectively address the specific challenges of older adult abuse in the Global South.

Role of Coping Strategies in Reducing Burden Among Informal Caregivers of Older Adults with Alzheimer's Disease and Related Dementia

Student Poster Presentation

Mr. Adam Mohammed¹, Dr. Ishan Williams¹

1. University of Virginia School of Nursing

Caring for older adults with Alzheimer's disease and related dementia (ADRD) often imposes a significant burden on informal caregivers, particularly when the care recipient's cognition and functional abilities continue to decline. Evidence suggests that informal caregivers' use of coping strategies has the potential to mitigate caregiver burden. The aim of this integrative review was to identify the types of coping strategies used by informal caregivers of older adults with ADRD and to understand their effectiveness in reducing caregiver burden. A literature search was conducted in PubMed, CINAHL, and EMBASE for studies published between January 2018 and December 2024. Search strategy included keywords related to dementia caregiving, caregiver burden, and coping strategies. Inclusion criteria were original research published in English and examined the effects of coping strategies on the burden of informal caregivers of older adults with ADRD. Review papers and studies involving care recipients in care facilities were excluded. Twenty-one studies were included in this review. Of these, 8 studies used quantitative design, qualitative (n = 8) and mixed methods (n = 5). We categorized coping strategies into three areas: problem-focused, emotion-focused, and dysfunctional coping. Emotion-focused and problem-focused were frequently used and were significantly associated with reduced caregiver burden. On the contrary, dysfunctional coping such as substance use, and avoidance were less used and were associated with increased caregiver burden. The findings underscore the need to promote the use of emotion-focused and problem-focused coping strategies among informal caregivers of people with ADRD.

Safety and Satisfaction: Evidence from a pilot study on peer-led sexual health programming for older adults

Student Poster Presentation

Mrs. Sarah Tesar¹

1. UNC Charlotte

Sexually transmitted infections (STIs) are rising among older adults in North Carolina, with an average increase of 57.67% from 2017 to 2021 for the most common STIs in people 65+. Despite this, there is a lack of sexual health education tailored to older adults. This project is aimed to develop and implement a peer-led sexual health education program specifically for older adults, bridging academia and community to address their unique needs and improve health outcomes.

The program, titled “Safety and Satisfaction,” is structured around a two-part series. A Community Action Board (CAB), including five local older adults, a public health professional, a community educator, a programming director, and a gerontological social worker collaborated on its development. Session one involves participants completing the Sexually Transmitted Disease-Knowledge Questionnaire (STD-KQ) to assess baseline knowledge, followed by peer-led discussions on sexual health benefits, STI symptoms, age-related changes, protection methods, and testing resources. Session two addresses sexual ageism and its impact on health, as well as teaching participants how to engage healthcare providers and potential partners, and practicing these conversations through role-playing. Participants retook the STD-KQ post-test to measure knowledge gains.

Peer-led approaches are a well documented approach to enhancing community engagement. In this research, data from the STD-KQ are utilized to understand the impact of this model in STI education among older adults. This research not only provides an evidence based understanding of the peer-led model in STI education for older adults but also serves as a model for similar initiatives in other communities.

Scholars With A.G. Rhodes: The SWAGR Program – An Example of a University-Provider Education and Career Pipeline Partnership

Workshop/Presentation

**Dr. Jennifer Craft Morgan¹, Dr. Wendy Simonds¹, Dr. Antonius Skipper¹, Mr. Foster Osei¹,
Mr. JEREMIAH ASSAN¹, Mr. Prosper Adjah¹, Ms. Sonya Williams², Ms. Rebecca Aklasu¹,
Mr. Chris Agbenyefia¹, Mr. Abdul-Dayan Musah¹**

1. Georgia State University, 2. A.G. Rhodes

Gerontology programs often seek to enter into education-practice partnerships to support students to gain hands-on knowledge and experience that prepares them for careers serving older adults. This collaboration, known as “Scholars With A.G. Rhodes at GSU” (SWAGR at GSU), offers master’s students the opportunity to gain valuable hands-on experience in long-term care settings while completing their graduate training in gerontology. By combining education with real-world practice, the program aims to strengthen the elder care workforce and enrich the students’ professional development.

The SWAGR program extends the usual partnerships that foreground service learning or internships while seeking to create educational/career pipelines for international students with foreign nursing education. The program not only helps fill the growing need for skilled elder care professionals but also provides a much-needed pathway particularly for international students to establish nursing careers in nursing homes in the United States. This workshop will a) describe the pilot program, b) share the results of the initial needs assessment conducted with staff from the three A.G. Rhodes locations, c) share insights and challenges from current students, faculty and A.G. Rhodes staff members involved in the project, and will close with an interactive discussion about next steps and model development.

Sex-Ed: Ethical and Appropriate Rationale on Policies

Student Poster Presentation

Ms. Katherine Casey¹

1. Concordia University Chicago

As a long-term care, skilled nursing facility administrator, identifying and ensuring resident's rights and dignity is a top priority. As of late, the topic of whether 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 in this realm will help long-term care administrators develop ethical leadership skills and dispositional attitudes to manage projects and collaboration and will additionally aid in the implementation of plans, partnerships, and policies at the local and federal levels and this directly speaks to domain number one.

SGS Priorities Survey: Longitudinal Results

Workshop/Presentation

***Dr. Kyle Bower*¹, *Dr. Lee Ann Ferguson*², *Dr. David Hage*³, *Dr. Susanny Beltran*⁴, *Dr. Abby Schwartz*⁵,
*Ms. Karen Appert*⁶, *Dr. Graham Rowles*⁷**

1. Cardinal Direction Consulting, 2. UMBC Erickson School of Aging Studies, 3. Florida Gulf Coast University, 4. University of Central Florida, 5. East Carolina University, School of Social Work, 6. NC Division of Aging and Adult Services, 7. University of Kentucky

The Southern Gerontological Society (SGS) bridges applied research and service through innovative strategies shaped by the consensus priorities of its membership. This structured translational process leverages accrued knowledge and leadership skills to chart the organization's future directions.

This presentation will report key findings from the third SGS Priorities survey conducted in 2024, offering insights into the evolving priorities of SGS members and collaborative stakeholders. Longitudinal trends identified from previous surveys will contextualize these shifts, enhancing understanding of SGS's strategic trajectory.

The empowerment evaluation model (Schwartz et al., 2022) will be revisited, with a focus on how insights from three survey waves continue to shape SGS goals concordantly with its organizational mission. Assessments from the longitudinal SGS survey project will also serve as a catalyst for engaging attendees in discussion concerning the analysis of future SGS initiatives.

Sigma Phi Omega: Meet and Greet and How to Start a Chapter

Workshop/Presentation

**Dr. Cynthia Hancock¹, Dr. Amanda Sokan², Dr. Diane Martin³, Ms. Lauren Price⁴,
Ms. Erreannau Zellous⁵**

1. UNC Charlotte, 2. University of Arizona, 3. University of Maryland, Baltimore, 4. UMBC Erickson School of Aging Studies, 5. Scripps Gerontology Center, Miami University

Sigma Phi Omega is the International Academic and Professional Honor Society in Gerontology. Our members are students, faculty, and community professionals all of whom are dedicated to excellence in the field of aging studies and services. Join us as we share how to become a member, start your own Sigma Phi Omega chapter, and network with members. Several board members will be present at this informative opportunity. This will be an informal session leaving you with the knowledge of what Sigma Phi Omega is all about and how to get involved.

Sleep Disorders and Their Impact on Spousal Relationships Among Older Adults During COVID-19

Student Poster Presentation

***Ms. Sophia Geisser*¹, *Ms. Ashley Fromenthal*², *Ms. Zoe Geisser*³, *Mr. Erick Carranza*², *Dr. Shinae Choi*²,
*Dr. Michelle Hilgeman*⁴, *Dr. A. Lynn Snow*¹, *Dr. Rebecca Allen*²**

1. The University of Alabama, 2. University of Alabama, 3. SUNY Albany, 4. 1. Research & Development Service, Tuscaloosa Veterans Affairs Medical Center, Tuscaloosa, AL.

Introduction: Aging negatively influences sleep maintenance, duration, and initiation, as well as daytime sleepiness, all of which interfere with quality of life and life satisfaction. About 50% of older adults report experiencing sleep disorder symptoms, with 20-30% remaining undiagnosed. Recent studies examining the impact of spousal relationships on sleep have found that spousal strain increases the risk of sleep disturbances, while the COVID-19 pandemic has contributed to greater relational dissolution and decreased marital satisfaction. Yet, limited research explores how environmental factors and sleep disorders affect older couples' relationships.

Objective: We developed and tested a Meikirch-based model to examine the relationships between sleep disorders, sleep quality, and spousal relationship quality during the height of the COVID-19 pandemic.

Methods: A subsample of 4,688 older adults (aged 50-97) in spousal relationships from the 2020 Health and Retirement Study was analyzed. We estimated simple linear regression analyses and mediation analyses using JMP to assess the associations between sleep disorders, sleep quality, perceived life satisfaction, and relationship quality in spousal relationships among older adults.

Results: Having a sleep disorder and poor sleep quality significantly predicted life satisfaction and decreased closeness in relationship quality $F(1,4530) = 19.39, p < .001$. ($b = .03, S.E. = .06, t = 4.40, p < .001, 95\% CI [.06, .13]$). Sleep quality partially mediated the relationship between sleep disorders (-0.1) and life satisfaction (0.16), resulting in an indirect effect of -0.02.

Conclusions: Sleep disorders and quality significantly impact marital and life satisfaction in older U.S. couples, emphasizing the need for targeted research and interventions.

Social Epigenomics: Understanding the Impact of Social Factors on Chronic Diseases

Student Poster Presentation

Mr. Girish Hemrajani¹, Dr. DEBRA DOBBS¹

1. University of South Florida

Background: Social epigenomics investigates how social factors like stress and socioeconomic status influence gene expression, contributing to health disparities. This review aims to map the existing literature on social epigenomics and identify key themes and gaps in the research.

Methods: A comprehensive search of electronic databases, including PubMed, Scopus, and Web of Science, was conducted using keywords related to social epigenomics, health disparities, and chronic diseases. Studies were included if they examined the relationship between social factors and epigenetic modifications in chronic diseases. Data were extracted on study design, population, social factors examined, epigenetic outcomes, and key findings.

Results: The review identified several key themes, including the impact of socioeconomic status, stress, and discrimination on DNA methylation and gene expression. Lower socioeconomic status is associated with adverse epigenetic modifications, such as increased DNA methylation in stress-related genes. Chronic stress and experiences of discrimination are linked to epigenetic changes that may contribute to health disparities. Epigenetic modifications resulting from social factors can be passed down to subsequent generations, perpetuating health disparities. Living in disadvantaged neighborhoods is associated with epigenetic predictors of mortality. Supportive family environments can mitigate the negative effects of racial discrimination on epigenetic aging.

Conclusion: Understanding the epigenetic mechanisms through which social factors influence health can inform interventions to reduce health disparities and promote health equity. Policymakers should develop targeted interventions that address the root causes of health disparities.

Keywords: Social Epigenomics, Health Disparities

Social Workers and the Retiring Older Adult: Applying the Resource-Based Dynamic Model to enhance outcomes

Workshop/Presentation

Dr. Kathryn Roosevelt ¹

1. University of Kentucky

As the population of older adults continues to grow, the challenges associated with retirement have become increasingly significant. This conceptual paper explores the relationship between pre- and post-retirement resources and their impact on psychological outcomes among retirees, using the Resource-Based Dynamic Model (RBDM) as a theoretical foundation. The paper highlights the critical role of social workers in supporting retiring adults by enhancing resource accessibility and fostering positive psychological well-being.

By examining existing research on retirement planning, resource availability, and aging-related challenges, this study identifies key areas where social workers can intervene to improve outcomes. Emphasis is placed on the application of RBDM in social work practice to enhance practitioners' skills and inform strategies for effective intervention. The target audience includes social work practitioners, educators, policymakers, and students, with a focus on equipping professionals to address aging-related challenges in retirement.

Key implications underscore the need for enhanced gerontological social work training, policy development aligned with the Gerontological Social Work Grand Challenges, and improved resource-based strategies to support retirees. By integrating research, theory, and social work practice, this paper contributes to advancing knowledge and fostering policy changes that promote healthier post-retirement transitions.

Sports-Related Head Injury Associated with Alzheimer's disease: A Systematic Review

Virtual Presentation

Ms. Hannah Brady¹, Mr. Anthony Castro¹, Dr. TimMarie Chloe' Williams¹

1. University of the Incarnate Word School of Osteopathic Medicine

The effectiveness of treatments on Alzheimer's disease on athletes who have sports-related head injuries are vague. The aim of this systematic review was to examine the impact of cognitive behavioral therapy on Alzheimer's disease among athletes with sports-related head injuries. A systematic review was developed in accordance with PRISMA 2020. Relevant databases of PubMed and Cochrane were analyzed for studies published between 2013-2024. Articles were included if they included: (1) Alzheimer's disease; (2) athletes with sports-related head injuries; (3) cognitive behavioral therapy; (4) randomized control trials; (5) cohort studies; (6) longitudinal studies; (7) cross-sectional studies; (8) observational studies; (9) case reports; and (10) systematic reviews. Three authors independently screened titles, abstracts and full papers. A total of 249 articles and 31 were selected in this systematic review. Studies were from North America (N = 7), followed by Europe (N = 3), Australia (N = 1) and many from global multi-region sources (N = 20) and included cross-sectional (N = 5), observational (N = 2), longitudinal (N = 3), cohort (N = 1), randomized control-trials (N = 2), double-blind randomized control trials (N = 1), case reports (N = 1), and systematic reviews (N = 16). Of the 31 articles, we found the overall quality of evidence was moderate, with 2 articles being of low quality due to being observational studies. This review was anticipated to yield clinically meaningful insight on the impact of cognitive behavioral therapy on Alzheimer's disease among athletes with sports-related head injuries.

Staff Physical Activity Patterns Influence Function Focused Care Implementation

Student Poster Presentation

Mr. Douglas Gyamfi¹, Dr. Kelly Doran¹, Dr. Barbara Resnick¹, Ms. Amylee Anyoha¹, Ms. Abaneh Ebangwese¹, Dr. Shijun Zhu¹, Ms. Lauren Anderson¹

1. University of Maryland, Baltimore

Introduction

Sedentary behavior in older adults is associated with cognitive decline, falls, disability, and mortality. With over 84% of assisted living residents classified as sedentary, interventions like Function Focused Care (FFC), which promotes residents' physical activity by engaging them in routine tasks, are crucial. However, implementation barriers include low staff self-efficacy for providing FFC and limited control over work tasks. This study investigated factors influencing Long-Term Care (LTC) staff's promotion of FFC. We hypothesized that staff with lower sedentary behavior, higher self-efficacy, and greater control over work tasks would demonstrate increased FFC engagement.

Methods

This was a secondary data analysis using baseline data from a worksite wellness study in six LTC facilities in Maryland. Fifty-six participants provided data for this analysis. Staff data collected included: demographics, direct observation of FFC engagement, self-efficacy for engaging residents in FFC, decision authority via the Job Strain Model tool and time spent in sedentary behavior via the MotionWatch 8. Stepwise regression was used to test our hypothesis.

Results

Participants were predominantly female (92.6%) and Black or African American (84.0%), with a mean age of 47.5 years (SD=12.53). Sedentary time ($B=-234.359$, $p=0.044$) was the only variable to enter the model and explained 7.3% of the variance in FFC. Thus, the more sedentary staff were, the less likely they were to engage residents in FFC behaviors.

Conclusion

This finding suggests that staff who are more physically active may be more inclined to provide FFC. Thus, physical activity interventions are essential for staff when implementing FFC.

Systematic Review: Impact of Aerobic Exercises on Alzheimer's Disease Risk in Adults with Traumatic Brain Injury

Virtual Presentation

Mr. John Brown¹, Ms. Kristelle Gonzalez¹, Dr. TimMarie Chloe' Williams¹

1. University of the Incarnate Word School of Osteopathic Medicine

Traumatic Brain Injury (TBI) is a major public health issue, affecting millions of adults globally and increasing the risk for neurodegenerative diseases, especially Alzheimer's disease. The effectiveness of aerobic exercise on Alzheimer's disease is obscure. The aim of this systematic review was to examine the impact of aerobic exercise on Alzheimer's disease in adults with traumatic brain injury. A systematic review was developed in accordance with PRISMA 2020. Relevant databases of PubMed and Web of Science were analyzed for studies published between 2000-2024. Articles were included if they: (1) were in English, (2) involved adults (≥ 18 years) with traumatic brain injury; and (3) compared aerobic exercise to no exercise. Four authors independently screened titles, abstracts and full papers. The methodological quality of the included studies was assessed using the Cochrane Risk of Bias tool. A total of 97 articles and 13 were selected in this systematic review. Among the 13 studies, there were a total of 7,599 participants. The studies included 2 randomized controlled trials, 5 observational studies, 4 narrative reviews, and 2 systematic reviews. Participants, aged 18-75, were from various countries and included both males and females. This review was anticipated to yield clinically meaningful insight on the benefits of aerobic exercise on Alzheimer's disease among adults with traumatic brain injury.

Taking Charge & Flexing Protocols: SNF Nursing Staff's UTI Identification

Professional Poster Presentation

Dr. Kimberly Delgado¹, Dr. Donna Roberson¹

1. East Carolina University College of Nursing

Skilled Nursing Facility (SNF) residents are at increased risk of adverse reactions, including death, due to inappropriate antibiotic use, which accounts for up to 75% of all SNF antibiotic prescriptions; the most common indication being urinary tract infection (UTI). The structure of SNFs create barriers to appropriate diagnosis and treatment of UTIs, with limited registered nurse availability and health care providers (HCP) being off-site. The purpose of this study was to describe SNF nursing staff experiences with residents whom they suspected were presenting with a UTI. A better understanding of what takes place prior to HCP contact can assist SNF leadership with improving nursing-led interventions. This qualitative descriptive study used a semi-stratified purposive sample, snow-ball sampling, and social media recruitment. Single, semi-structured interviews were completed using open-ended questions. Data analysis resulted in three themes: way out of the norm, taking ownership, and flexing protocols. Participants identified SNF residents' behaviors that were 'way out of the norm,' as a key indicator of a UTI. Approaches to care included nursing staff taking ownership, or responsibility, and flexing protocols to prioritize the care and well-being of their residents. SNF nursing staff spend more time with their residents than the HCP, which results in them being heavily involved in the process of UTI identification. Inclusion of SNF nursing staff in future research is critical to the exploration of practices and improving outcomes. Research study recruitment barriers illustrate the tremendous need for education amongst SNF facility leadership to garner support and permission to access facilities.

That's Anthropology: Confronting Ageism and Student Discomfort in Service Learning

Student Paper Presentation

***Mx. S.M. Cho*¹, *Ms. Cara Williams*¹, *Dr. Andrea Freidus Turner*², *Dr. Dena Shenk*¹**

1. University of North Carolina Charlotte, 2. Michigan State University

Undergraduate anthropology majors participated in a 15-hour, semester-long service-learning project at an adult day and health care center during Spring 2024. While a research-based model of intergenerational service-learning has been incorporated in the undergraduate gerontology program curriculum at UNC Charlotte for 25 years, this was the first time anthropology undergraduates engaged in intergenerational research as part of their senior seminar. With no prior coursework in gerontology, and limited intergenerational experiences, anthropology senior seminar students began the semester with uncertainty and ageist biases. The founding director of the gerontology program, a professor emerita of anthropology, guided students' practical development by providing lectures, leading exercises, and facilitating discussions throughout the semester. During the course, the students learned about and confronted complex presentations of ageism. Their time at the day center involved socializing with participants, assisting staff, creating and tending a therapeutic garden, working with participants to create memory boxes, and building rapport. These steps were essential for building a reciprocal, collaborative intergenerational research relationship. We suggest students' initial resistance to this work is the result of age segregation and internalized sociocultural narratives of ageism, as well as misguided expectations of the frustrating, messy, challenging reality of undertaking ethnographic research using participant observation. Consistent narrative themes of unprecedented gratitude, personal growth, and learning about ageism emerged from student field notes, class discussions, and written reflections. This program evaluation presents novel insights for future integration of intergenerational programming and gerontological knowledge into interdisciplinary pedagogy.

The Benefits of Social Connection and Engagement in Combating Depressive Symptoms Among Older Cancer Survivors

Student Poster Presentation

***Ms. Natalia Babenko*¹, *Ms. Joanne Elayoubi*¹, *Dr. Brent Small*², *Dr. William Haley*¹**

1. University of South Florida, 2. University of North Carolina at Chapel Hill

Social connection serves as a protective factor against depression, with evidence of buffering effects under high-stress conditions, such as a cancer diagnosis. We examined whether social connection and engagement have a greater protective effect on depressive symptoms in cancer survivors compared to individuals without cancer. Longitudinal data from 856 participants with incident cancer and 856 propensity-matched non-cancer controls from the Health and Retirement Study were analyzed using multilevel modeling. We examined the associations between social connection, engagement, and changes in depressive symptoms over time.

The results demonstrated that social connection and engagement were generally associated with fewer depressive symptoms both before and after cancer onset. Cancer survivors with a larger household before cancer onset experienced a greater decline in depressive symptoms at the time of cancer diagnosis compared to those with smaller household sizes. Additionally, cancer survivors who were partnered pre-cancer showed a significant decrease in depressive symptoms after cancer onset, whereas partnered controls did not exhibit a similar decline.

Our findings suggest that social connection is more beneficial than social engagement for cancer survivors in the post-cancer period, and consistent with the buffering hypothesis, people with cancer show the greatest benefits. Prospective public health interventions aimed at increasing social connection to build resilience in the overall population may enhance psychological well-being and facilitate recovery for cancer survivors. Future research should explore whether cancer survivors benefit from support-enhancing interventions and whether similar effects occur in other illness populations.

The Emotional Fatigue of Zoom: Age and Surface Acting in Online Meetings

Student Poster Presentation

Ms. Lauren Hultquist¹, Dr. Anita Blanchard¹

1. UNC Charlotte

What influence does surface acting—a technique used to deal with the emotional demands of work—have on the well being of older workers in online meetings? Previous research has found a relationship between age, surface acting, and emotional well being in face to face meetings and physical workplaces. Despite how online meetings have become a staple of work environments during and after the pandemic, it was unclear how this relationship translates to virtual meetings. This study was part of a larger project that assessed how surface acting and emotional fatigue were affected by various factors. Our research questions for this study were: 1) is there a negative relationship between age and surface acting in online meetings? 2) How does age impact the relationship between surface acting and emotional fatigue in online meetings? Participants were employed adults ages 19 to 67 ($n = 182$). They participated in online meetings and reported their surface acting and emotional fatigue. There was no significant negative relationship between the use of surface acting and age. There was a significant interaction between surface acting, age, and emotional fatigue in online meetings. When surface acting was high, older participants experienced low emotional fatigue. When surface acting was low, older participants experienced high emotional fatigue. This research adds to our understanding of how older workers were affected by the shift in workplace environments towards online meetings during the pandemic. Additionally, it helps us better understand how surface acting impacts the well being of all workers engaging in online meetings.

The Empowering Role of Financial Literacy in Mitigating Housing Hardship in Later Life

Professional Poster Presentation

Dr. Yang Li¹

1. University of Lausanne

Housing is a well-established social determinant of health and represents the largest expense for many older adults. In 2021, an all-time high of 11.2 million older households in the U.S. spent at least 30% of their income on housing, while half of these households spent more than 50% of their income on housing. Prior research on housing hardship offers limited insight into the differentials in individual financial literacy and spatially variable cost of living. This study investigates the joint impact of location-specific income security and financial literacy on housing hardship in later life. The study draws from a unique dataset linking income, hardship, and financial literacy to county-level cost of living specific to older adults' needs and consumption patterns. Results indicate that respondents with higher county-level income security are less likely to experience housing hardship and that individual financial literacy reinforces this negative association. Findings underscore the empowering role of financial literacy in protecting against housing hardship in later life. Findings also show that a location-specific assessment of cost of living adds to the accuracy of evaluations of housing hardship.

The Impact of Rural and Creative Activities on Older Rural African Americans in Mississippi

Professional Paper Presentation

Dr. Carolyn Adams-Price¹, Mr. Kory Engelstad¹

1. Mississippi State University

Previous research has shown that older African Americans, especially those living in the rural South, have higher rates of morbidity and mortality when compared to rural white, and even when compared to older African Americans in urban areas. A previous sample of older African Americans in 3 counties in rural Mississippi found that older adults who lived way out in the country were sometimes healthier and happier than those who live in nearby small towns. The purpose of this study was to examine the relationship between two kinds of activities, rural (i.e., farming, outdoors) activities and creative activities (baking, quilting, singing, etc.) and health and well-being in older African Americans in 3 counties in rural Mississippi. Participants were 70 African Americans over age of 55 living in 4 rural counties in Mississippi. Participants were recruited from two community centers and 2 rural churches. Each participant received a \$20 WalMart gift card in exchange for their participation. Results indicated that participation in rural and creative activities was moderately correlated with life satisfaction, and that participation in rural activities and creative activities were correlated with each other. The individual activities most associated with well-being seemed to be volunteering, religious attendance, pottery, canning, and gardening. Links between these activities and physical health will also be discussed.

The Invisible Caregiver: Shining a Light on Black Youth Dementia Caregiver's Experiences

Student Paper Presentation

Ms. Janelle Gore¹, Dr. Bashir Easter², Mr. Jarett Fields², Dr. Fayron Epps³

1. The University of Alabama, 2. Melanin Minded LLC, 3. University of Texas Health San Antonio

Recent studies have estimated that 1.6 million adolescents (ages 15–18), representing 9.2% of their age group, provide care. Although some research has included race, it falls short of allowing for an understanding of how race influences the experiences of adolescent caregivers. The lack of research concerning youth caregivers is particularly concerning for Black youth, given the community's long-standing tradition of shared family caregiving. This study explores the experiences of Black youth aged 14-17 who provide care for family members with Alzheimer's disease and related dementias (ADRD). The research utilizes a qualitative approach, conducting semi-structured interviews with 10 participants recruited through two ADRD service organizations. Analysis of interview data revealed five key themes: 1) experiencing and recognizing caregiver stress, 2) conflicting roles within the Black American family system, 3) knowledge of ADRD behavioral symptoms through direct caregiving experiences, 4) seeking supportive groups instead of traditional support groups, and finally 5) the positive impact of caregiving. The results of this study show the variety of emotions experienced by these adolescents, including relief, joy, sadness, and stress. Results also highlight the cultural expectations within the families of each caregiver. This research addresses a vital gap in the literature and provides valuable insight into the unique needs and experiences of Black youth caregivers.

The Longitudinal Effect of Pulse Pressure on Cognitive Decline Among Older Adults: Variations Based on Blood Pressure Status.

Student Paper Presentation

*Mr. Mubarick Saeed¹, Dr. Charles F. Murchison¹, Prof. David S. Geldmacher¹, Prof. Erik D. Roberson¹,
Dr. Victor A. Del Bene¹*

1. University of Alabama at Birmingham

Introduction: Elevated pulse pressure (PP), calculated as the difference between systolic and diastolic blood pressure (BP), is a vascular risk factor for cognitive decline and Alzheimer's Disease. However, whether BP status influences the association between PP and cognitive decline remains unexplored. The present study examines the differential effect of PP on cognitive decline between normal and elevated BP groups.

Methods: This 10-year longitudinal study from the ACTIVE (Advanced Cognitive Training for Independent and Vital Elderly) study included 2,787 older adults (65+). Participants who self-reported Alzheimer's Disease were excluded. Based on baseline measurements, the sample was stratified into normal (n=979) and elevated (n=1808) BP groups. Elevated BP was defined with ACC/AHA guidelines (SBP \geq 130 and/or DBP \geq 80). Cognitive function was assessed longitudinally for 10 years using neuropsychological tests, with standardized global cognitive composite and domain-specific composites calculated for memory, reasoning, and processing speed.

Results: Linear mixed models revealed a significant fixed effect of PP on the rate of global cognitive decline in the elevated BP group ($b = -0.00361$, $p < .001$) but not in the normal BP group ($b = -0.00054$, $p = .738$). This pattern was consistent across all the cognitive domains. Interestingly, BP status alone, without considering PP, did not predict cognitive decline.

Conclusion: These findings indicate that elevated PP in people with elevated BP is a prominent risk factor for cognitive decline. Effective blood pressure management may help mitigate the effect of PP on cognitive decline in older adults. Future research investigating PP's effects on cognition must account for BP status.

The Relationship Between Leisure Activity, Cognitive Function, & Spirituality in Middle-Aged and Older Black Adults

Student Poster Presentation

***Ms. Jasmine Sampson¹, Dr. Angela Sardina¹, Ms. Alexa Allan², Ms. Marsha Hampton¹, Dr. Lesley Ross¹,
Dr. Michele Evans³, Dr. Alan Zonderman³, Dr. Alyssa Gamaldo¹***

1. Clemson University, 2. The Pennsylvania State University, 3. National Institute on Aging

This study examined the relationship between leisure activity engagement and cognitive function among middle-aged and older Black adults. Additionally, we explored whether the association between leisure activity engagement and cognition varied by levels of spirituality, given high spirituality is commonly observed among Black adults. This study included data collected from the Healthy Aging in Neighborhoods of Diversity Across the Life Span (HANDLS) Sleep sub-study. Using a mobile device, Black adults (N=165; 73% female; age range=46-83) reported their daily participation in 57 leisure activities (e.g., choir, reading, jogging, watching TV) across a 7-day period. For each participant, the average number of reported daily leisure activities were estimated. Participants were also virtually administered a battery of cognitive screenings, a demographic and health survey, the Patient Health Questionnaire 9 (PHQ-9) depression scale, and the spirituality scale. Multiple linear regression analyses revealed that a higher average number of reported leisure activities was associated with better performance on measures of global mental status ($\beta=.18$, $p < .05$), processing speed ($\beta=.18$, $p < .05$), and executive function ($\beta=.15$, $p < .05$) after controlling for covariates (e.g., age, poverty status, and depression). A significant interaction between total leisure activity engagement and spirituality was observed. Among individuals with a stronger sense of spirituality, a higher average number of reported daily leisure activities was associated with better performance on a cognitive test for language. These results indicate the intersection between leisure activity engagement and spirituality may influence cognition. Future research should continue to understand the integrative role of psychosocial-spiritual factors on cognition.

The Role of Family in Community-Based Long-Term Care 3.0 in Taiwan

Student Paper Presentation

Mrs. Suei DiPaola¹, Dr. Heying Zhan¹

1. Georgia State Univeristy

The role of families in the community-based care framework has been significantly expanded with the adoption of Taiwan's Long-Term Care (LTC) 3.0 policy. This abstract examines the contribution and advantages of Taiwan's advanced care system, which prioritizes home and community-based services over institutional care. To create an atmosphere where aging in place is possible and supported, the LTC 3.0 model promotes family involvement by incorporating them into care management, support services, and preventive care activities.

According to research, families participate actively in creating care plans and serving as primary caregivers, consistent with cultural ideals of community solidarity and filial piety. The policy has implemented systems for family education and assistance to lessen the strain of caregiving and improve the well-being of both caregivers and care recipients. Community care centers, which act as training and resource centers and bridge the gap between family caregiving and official health services, enable this involvement.

A synergy between contemporary healthcare policy and traditional family duties is demonstrated by the higher satisfaction rates among older recipients and their families, which demonstrates the success of family involvement in LTC 3.0. However, issues like the financial burden of caregiving and the requirement for additional qualified caregivers to assist families continue to exist. This study emphasizes the need for ongoing policy development to guarantee that families in Taiwan's aging society receive long-term support.

The Use of Mindfulness and Exercise Approaches in Dementia Treatment: A Review of the Literature

Student Poster Presentation

Dr. Yetao Wang¹, Ms. Mary Jones¹, Ms. Reilly McClain¹

1. Georgia State University

Dementia substantially impacts cognitive and functional abilities, emphasizing the urgent need for accessible and low-cost interventions. The available evidence indicates that mindfulness and physical activity may improve cognitive health, quality of life, and behavioral outcomes in individuals diagnosed with dementia or mild cognitive impairment (MCI). This review integrates findings from systematic reviews, longitudinal studies, cross-sectional studies, and meta-analyses to evaluate the efficacy of these interventions and explore their underlying mechanisms. The existing literature reveals several key themes, including nature-based exercise, mindfulness interventions, and social fitness. A substantial body of research indicates that cardiovascular and aerobic exercise enhance functional abilities and memory performance. Additionally, mindfulness practices have demonstrated the potential to reduce stress, improve neuroplasticity, and support cognitive health. Furthermore, social fitness interventions, such as group-based or outdoor activities, have shown promise in promoting social interactions and maintaining quality of life.

The findings highlight the need to optimize exercise interventions to improve physical and cognitive outcomes, understand how mindfulness impacts stress and neuroplasticity, and explore the potential benefits of combined approaches. Nevertheless, the limited sample sizes, lack of comparability in methodologies, and restricted generalizability of those studies pose a challenge to advancing these strategies.

Based on the findings of this review, the authors propose that future research in this domain could prioritize the development and implementation of longitudinal studies comprising larger and more diverse sample sizes. In addition, it is necessary to investigate integrative interventions with a view to optimizing benefits for different populations.

The work-life interface among older workers in the United States: Applying the intersectionality framework

Professional Poster Presentation

Dr. Kun Wang¹, Mr. Alexander Marbut², Ms. Yanjun Dong³

1. University of Alabama at Birmingham, 2. The University of Alabama, 3. University at Albany

Introduction: Older workers often face unique challenges balancing work and personal life due to age-related health declines, caregiving responsibilities, and job insecurity. These challenges may be further compounded for individuals with multiple marginalized social identities. Despite these complexities, research rarely applies the intersectionality framework to explore the work-life interface among older workers. This study addresses this gap by identifying distinct social identity classes among older workers and examining differences in their work-life interface.

Methods: Data from 2,036 employed Americans aged 55+ in the 2016 Health and Retirement Study were analyzed. Six social identities—older age, female gender, BIPOC status, immigrant status, low education, and poverty—were considered. Work-life interface variables included work-to-life enrichment, work-to-life interference, life-to-work enrichment, and life-to-work interference.

Results: Latent class analysis identified three social identity classes: the intersectional class (6.40%), the BIPOC class (29.97%), and the general older worker class (63.63%). Compared to the other two classes, the intersectional class reported higher work-to-life interference, life-to-work interference, and life-to-work enrichment, but no significant difference in work-to-life enrichment. The intersectional class also reported higher job satisfaction. Both the intersectional and BIPOC classes experienced similar levels of job lock due to financial or health insurance needs, which were significantly higher than the general class.

Conclusions: Findings highlight nuanced work-life dynamics among older workers with intersectional marginalized identities. Despite greater work-life conflict, this group reported more life-to-work enrichment and higher job satisfaction, likely reflecting greater job dependency and tolerance for stress. Family-friendly employment policies could alleviate work-life conflict for this vulnerable population.

Thinking Outside the Box for Geriatric Training

Virtual Presentation

Dr. TimMarie Chloe' Williams¹, Dr. Jennifer Severance², Dr. Mary Hogan³, Dr. Keri Christensen²

1. University of the Incarnate Word School of Osteopathic Medicine, 2. University of North Texas Health Science Center at Fort Worth - Texas College of Osteopathic Medicine, 3. Sam Houston State University College of Osteopathic Medicine

Challenge/Issue: Regardless of specialty, physicians will encounter older adults throughout the continuum of their practice career. However, many older adults may not have the opportunity to have an encounter with a geriatrician. This issue will be exacerbated by the disproportionate growth of the older adult population and the limited number of trained geriatricians outside of major metropolitan areas.

These challenges highlight the necessity to infuse age-friendly education that produces high quality care, improved clinical outcomes, and elevated provider satisfaction in diverse social and environmental conditions.

Objective: This presentation will describe the tenets of age-friendly care and identify possible strategies and outcomes of team-based models of pre-clinical and clinical education.

Approach: This presentation will highlight the results from the evaluation of programs that utilize age-friendly programs focusing on the four "M's" – what matters, mobility, medication, and mentation. A specific focus will be on programs facilitating positive solutions. We evaluated program attributes such as types of geriatric-related content, learning objectives and competencies applied, student level of training, training duration, delivery method, collaborations involved, student assessment, and implementation factors.

Results: Results of the evaluation demonstrate the need for age-friendly programs that incorporate an awareness of the considerations required for the provision of care in this group. Additionally, the findings identify the barriers to the implementation of training and the measurement of training outcomes.

Thriving beyond resettlement: Exploring life satisfaction of resettled Bhutanese older adults in Ohio

Student Paper Presentation

*Ms. Isha Karmacharya¹, Dr. Saruna Ghimire¹, Dr. J. Scott Brown¹, Dr. Leah Janssen², Dr. Angela Curl¹,
Dr. Janardan Subedi¹*

1. Department of Sociology and Gerontology, Miami University, 2. Scripps Gerontology Center, Miami University

Background: The United States, particularly the state of Ohio, has provided a safety net for a significant number of Bhutanese refugees. Previous studies have focused on the mental health of Bhutanese adult refugees, predominantly concentrating on their adversities, neglecting to explore how they have thrived post-resettlement and resources that contribute to their life satisfaction (LS). This study aims to assess the LS of resettled Bhutanese older adults in Ohio and identify the factors influencing their satisfaction. **Methods:** Data were obtained from a cross-sectional survey of Bhutanese individuals aged 55 and older, residing in four major Ohio cities (Columbus, Akron, Cleveland, and Cincinnati). Snowball sampling method, facilitated by local Bhutanese organizations, was used to recruit participants, resulting in a final analytical sample size of 273. LS was assessed using Diener's five-item Satisfaction with Life Scale. Binary logistic regression was used to model the factors associated with LS. **Results:** Only about one in ten older adults reported dissatisfaction with their lives. Participants who did not experience depression ($aOR=0.13$, 95% $CI=0.03-0.53$) and those with higher resilience ($aOR=0.93$, 95% $CI=0.87-0.99$) were significantly less likely to be dissatisfied with their lives. In contrast, individuals with lower social support ($aOR=3.47$, 95% $CI=1.06-11.44$) were more likely to report dissatisfaction. **Conclusion:** Despite enduring significant challenges throughout their journey from displacement and refugee camps to resettlement in the United States, a significant proportion of participants reported satisfaction with their lives. Future research should explore their experiences before and after resettlement to better understand how resettlement process impacts LS.

Training for an Aging Nation: Analysis of Trends in Geriatrics Graduate Medical Education, 2007-2024

Student Paper Presentation

Mr. Monroe Molesky¹

1. University of Mississippi Medical Center

The “Graying of America” describes the changing population dynamics where 21% of Americans are expected to be 65 years or older by 2030. As this population of older adults grows, there is a need to understand the geriatrician workforce necessary to care for the unique healthcare needs of older adults. This study collated data on geriatric internal medicine, geriatric family medicine, and geriatric psychiatry graduate medical education programs from all (n=17) issues of the Accreditation Council for Graduate Medical Education’s (ACGME) Data Resource Book’s published between the 2007-2008 and 2023-2024 academic years. Descriptive statistics and unpaired t-tests were conducted. Within this period, total active physicians in family medicine-, internal medicine-, and psychiatry-geriatric residency programs substantially decreased (-26.23%, -10.25%, and -43.75%, respectively). The number of family and internal medicine geriatric programs increased (11.36% and 17.65%), while the availability of psychiatry-geriatric programs declined (-26.67%) during this period. Across all three geriatric specialties, the average age of new residents was significantly greater than their other specialty counter parts ($p < 0.0001$), and international medical students make up more than half (56.09%) of all active geriatric residents. Ultimately, the findings provide updated evidence that geriatric graduate medical education participation remains low while demand for geriatricians continues to increase, in addition to providing new information on demographics and diversity of geriatricians. This research may support tailored proposals for increasing the awareness of and incentives for geriatric medical careers.

TRANSFORMING ADVANCE CARE PLANNING THROUGH TECHNOLOGY

Student Poster Presentation

Mr. Girish Hemrajani¹, Dr. DEBRA DOBBS¹

1. University of South Florida

Background: Advance Care Planning (ACP) is critical for adhering to a persons' end-of-life care preferences. Integrating technology into ACP can improve the efficiency and accessibility of these interactions. The acceptance of ACP among older adults in the United States remains low, despite its vital role in ensuring that persons' healthcare preferences are documented and honored. Web-based tools, telemedicine, and mobile applications are examples of technology platforms that have been developed as new solutions for improving ACP engagement.

Methods: A rapid systematic review was conducted following PRISMA guidelines. Databases searched included PubMed, Scopus, and Google Scholar, using terms related to 'advance care planning,' 'technology,' 'end-of-life care,' and 'systematic review.' The search, limited to articles published between 2010 and 2024, identified 1,200 articles. Two reviewers independently screened titles and abstracts for eligibility.

Results:

We identified 1,200 records through database searching. After removing duplicates, 1,050 records were screened, with 900 excluded. We assessed 150 full-text articles for eligibility, excluding 100 for various reasons. Ultimately, 50 studies were included in the qualitative synthesis, and 30 in the analysis.

Conclusion: Technology can significantly improve ACP processes by making them more accessible and efficient. However, there are limitations, including the need for user-friendly designs and the potential for digital divide issues. Further research is needed to explore these challenges and develop solutions that ensure equitable access to ACP tools. The findings suggest that integrating technology into ACP can enhance the quality of end-of-life care planning.

Keywords: ACP, Technology, End-of-Life Care

University of Florida H.O.P.E. Lab: Innovative Warm Calling Programs to Reduce Social Isolation, Loneliness, Depression, and Suicidality in Older Adults

Professional Poster Presentation

Ms. Chanel Reid¹, Dr. Laura Shannonhouse²

1. Georgia State University, 2. University of Florida

Abstract

Introduction

By 2030, older adults over 65 will outnumber children for the first time (Federal Interagency Forum on Age-Related Statistics, 2016). While longevity is increasing, it often brings psychological challenges like social isolation, loneliness, and depression. Feelings of burden and lack of belonging have been linked to suicide in older adults (Joiner, 2005; Conwell et al., 2011). Notably, 20% of older adults receiving home or community-based services meet clinical criteria for suicidality (Fullen et al., 2021).

Method

The University of Florida H.O.P.E. Lab modeled nutrition service programs to foster social connection, training non-traditional groups to deliver “psychological first aid” (Cook & Bickman, 1990). Older adults were randomized into three groups:

1. **BE (Belongingness and Empathy):** Caregivers trained in providing social connection.
2. **BE WITH (Belonging and Empathy With Intentional Targeted Helping):** Caregivers trained in BE and LivingWorks Applied Suicide Intervention Skills Training (ASIST).
3. **Control group:** No treatment.

Data from 600 older adults were collected at baseline and biweekly for 8 weeks.

Results

Mental health improved significantly in the BE group, with the BE WITH group showing even larger effect sizes.

Discussion

BE and ASIST training have the potential to enhance the National Council on Aging’s Evidence-Based Registry (NCOA).

Unlocking Health Equity for Transgender and Gender-diverse Older Adults

Student Paper Presentation

Mx. Lauren Catlett¹, Mr. Ames Simmons², Dr. Ishan Williams¹, Prof. Virginia LeBaron¹, Mr. Charley Burton³, Ms. Gracie Barker³, Dr. Kimberly Acquaviva¹

1. University of Virginia School of Nursing, 2. Duke University School of Law, 3. community advisor, unaffiliated

With increasing anti-transgender policies and practices, many transgender and gender-diverse (trans) older adults in the United States (U.S.) face disparities in the healthcare system that impact their access to care and their quality of life. However, research on health equity for this population has been limited. Therefore, a qualitative descriptive study was conducted to identify and explore factors that limit and facilitate equitable healthcare delivery among trans older adults living in the U.S. Participants were trans adults aged 50 and older (n=20) of diverse gender identities and racial and ethnic backgrounds, and thirteen (65%) were from the southern region of the U.S. Participants discussed their healthcare experiences during semi-structured interviews and reviewed study findings in individual and group sessions. Each interview and review session was recorded, and data from transcripts of each recording were analyzed thematically. Six primary themes were identified describing factors that limit (L) and facilitate (F) health equity at (1) structural, (2) systemic, and (3) social levels of influence: (L1) Oppression driving adverse healthcare experiences; (L2) Gaps in healthcare resources and support; (L3) Disadvantages yielding poor health outcomes; (F1) Health justice promoting affirming healthcare experiences; (F2) Catalysts for change in healthcare; and (F3) Assets fostering agency and well-being. Drawing from participant narratives, limiting and facilitating factors were conceptualized as locks and keys illustrating the interconnections between them. Study findings have implications for future research, clinical practice, and policy change to promote equitable and affirming healthcare for trans older adults.

Variations in Goals of Care by Ethnicity, Race and Dementia in a Medicaid HCBS Program

Professional Poster Presentation

Dr. Julie Robison¹, Mr. Victor Elisha¹, Dr. Kate Kellett¹, Ms. Kristin Baker¹, Dr. Richard Fortinsky¹

1. UConn Center on Aging

Medicaid-funded home and community-based services (HCBS) for older adults aim to prolong independent living despite physical and cognitive disabilities. HCBS person-centered care plans ideally align services with recipients' goals of care. Medicaid-eligible HCBS populations are racially and ethnically heterogeneous, with multiple chronic conditions. This study aims to determine how living with dementia, and racial and ethnic group membership, are associated with meeting self-identified goals of care and person-centered outcomes based on their HCBS-related experiences. 320 ethnically diverse adults ages 65+ with and without dementia were interviewed 9-10 months after enrolling in Connecticut's Medicaid HCBS waiver program about the goals they set at enrollment. Structured interviews were conducted in person or virtually, based on respondent preference. Assistant or proxy unpaid caregiver respondents participated when warranted. 92% of respondents said they had as much input as they wanted in setting their goals. 77% felt they had met their goal, including 55% doing better than they had expected, and 17% reporting changing their goal. 88% said that thinking about goals was helpful in planning future care and many had discussed their goals with another health care provider (55%) or friends and family (80%). Goal achievement was equally likely for people with or without dementia. However, Hispanic individuals rated their goal achievement significantly higher, and were less likely to report feeling they needed to change their goals, compared to White respondents. Understanding differences in goal achievement and the need to change goals across ethnic groups highlights important cultural differences in working toward individual goals.

What about me? Leveraging Veteran support groups to improve understanding of Veterans Health Administration (VHA) resources and services among older Veterans: A pilot study.

Student Poster Presentation

***Dr. Regina Rashed*¹**

1. Joseph Maxwell Cleland Atlanta VA Medical Center

Even though older Veterans have poor health literacy and, largely, lack the technology or comfortability to access digital information, over 90% of the VHA informational resources and services are found on the internet. This creates a significant barrier for older Veterans to access information. To address this barrier, a community Veteran support group of combat Veterans ≥ 50 years of age was contacted to present information about an alternative pain management service. The Veterans Administration Quality Scholars (VAQS) fellowship program collaborated with the Tele-Pain EVP (Empower Veterans Program) to offer the in-person session. Attendee feedback resulted in a request for more sessions on resources and services available to Veterans. Three additional sessions on topics requested by the group were completed. An average of 19 Veterans attended each 60-minute session. A survey was given at the end of every session with questions about the training format (PowerPoint presentation vs. no PowerPoint), how information was provided (handouts vs no handouts), and the Veteran's understanding of the subject matter. Subsequent sessions were iteratively modified based on the survey feedback. By the end of the sessions, the Veterans preferred in-person teaching, handouts, and time for questions. Over half of all attendees, 57% (n=11) sought more in-depth information from their providers, and 37% (n=7) registered for additional services. Leveraging Veteran support groups to disseminate information provides flexibility to tailor the topics to different learning styles and promotes utilization of VHA resources resulting in better health for Veterans.

Where Does Glenda Go? Considerations for Long-Term Care Among LGBTQ+ Older Adults in Alabama

Professional Poster Presentation

Dr. Korijna Valenti¹, Ms. Drew Sheridan², Dr. Glenda Elliot¹, Dr. Wanda Walton¹, Mx. Amaya Beck¹, Dr. Sarah MacCarthy¹

1. University of Alabama at Birmingham, 2. University of Alabama

Background: Older adult lesbian, gay, bisexual, transgender, queer (LGBTQ+) individuals are less likely to be legally married or have biological children and are more likely to live alone, increasing the importance of long-term care (LTC) in the absence traditional family support structures. These challenges are exaggerated in Alabama, a state with no legal protections across multiple sectors.

Objectives: To qualitatively explore LTC administrators' perspectives around policies and procedures regarding LGBTQ+ inclusive non-discrimination policies (NDP) in Alabama.

Methods: We built on HRC and Sage LTC Equality Index findings which identified affirming facilities and conducted semi-structured, 1-1 interviews. We then double coded and applied a reflexive thematic analysis. Participants in administrative positions (e.g., director of nursing, human resources, or facility) providing LTC and living services (e.g., nursing homes, independent living facilities) were interviewed.

Findings: Among fifty-two facilities with websites, ten reported a resident NDP; however, no policies were LGBTQ+ inclusive. N = 6 qualitative interviews highlighted a lack of awareness that the facility had LGBTQ+ residents. The invisibility of LGBTQ+ residents contributed to the limited availability of affirming resources (e.g., Pride activities). However, despite the punitive policy environment in Alabama, respondents reported a willingness to improve the visibility of NDP and inclusive environments.

Conclusions: Our work underscores a lack of LGBTQ+ protections and understanding of LGBTQ+ resident in Alabama LTC and facilities. Our interviews suggest future efforts should leverage facilities who do currently address sexual orientation and gender identity to serve as peer-mentors and help develop a roadmap towards organizational change.

Who are we?: Experiences and Perceptions of Latino Immigrant Caregivers to People Living with Dementia

Student Paper Presentation

Ms. Mayra Sainz¹, Dr. Fayron Epps², Dr. Ken Hepburn¹

1. Emory University, 2. University of Texas Health San Antonio

Latino immigrants are at an increased risk for developing Alzheimer's disease and related dementias (ADRD), often face delays in diagnosis, and experience underreporting of ADRD as a cause of death. There is a notable gap in the literature regarding the unique health challenges faced by Latino immigrant dementia caregivers. This study aims to better understand the experiences and personal identities of Latino immigrant dementia caregivers. Seventeen caregivers participated in the study. Participants identified as Latina immigrants living in the Atlanta Metropolitan Area and reported an average of 23.6 years of residency in the United States. Nine caregivers identified as the "primary" caregiver, or the person providing the most intensive daily care. Analysis of semi-structured interviews revealed several key themes: the acceptance of the "caregiver" label despite its limited use, the influence of sibling dynamics on caregivers' support system, challenges related to long-distance caregiving, and church-based support differs for caregivers. To better understand and address the health needs of Latino immigrant dementia caregivers, healthcare professionals and researchers should be mindful of using culturally appropriate terminology, recognize the complexities of family dynamics, inquire about unique caregiving challenges, and consider developing religiously-based support resources. Furthermore, future research should intentionally engage with Latino immigrant dementia caregivers to ensure their voices and experiences are adequately represented.

Why We Sing: How Community Choirs Support Healthy and Creative Aging

Workshop/Presentation

Mr. Joshua Vickery¹

1. Encore Creativity for Older Adults

Dr. Gene Cohen's groundbreaking Creative Aging study, *The Impact of Professional Conducted Cultural Programs on the Physical Health, Mental Health, and Social Functioning of Older Adults-2-Year Results*, published in 2007 inspired the founding of Encore Creativity for Older Adults. Study participants engaging in weekly choral rehearsals for two years experienced many improvements to their health and wellbeing including decrease in falls, decrease in medication, and an increase in participation in other community activities.

Since that study, many others have been conducted to explore the role music (especially singing) plays in health and wellness as we age. This session will present an overview of this work and how Encore Creativity for Older Adults has developed a variety of programming to combat social isolation, work with people with memory loss due to Alzheimer's or related dementias and offer an opportunity for all older adults to participate in the arts.

Your English Is Your Health: Acculturation as Fundamental Cause of Health and Quality of Life among Older Asian Americans

Student Paper Presentation

Ms. Su Choe¹

1. Georgia State University

Asian Americans are the fastest-growing ethnic minority among older adults but face unique challenges shaped by immigration, acculturation, and systemic inequities. This study examines how socioeconomic status (SES) and acculturation factors—including familiarity with American culture, English proficiency, and length of U.S. residency—affect self-rated overall health, mental health, and quality of life among older Asian Americans. Using data from the 2015 Asian American Quality of Life (AAQoL) survey, the analysis focuses on 1,127 individuals aged 40 and older. Findings reveal significant associations between SES, acculturation, and health outcomes. Higher income and education correlate positively with health measures, but their effects diminish when acculturation is considered. Acculturation emerges as a strong predictor of better health outcomes, highlighting the importance of cultural fluency and integration in navigating healthcare systems and fostering well-being. Interaction analyses reveal nuanced dynamics: extended residency moderates the negative effect of education on quality of life, while cultural familiarity moderates the positive effect of income on health.

These results underscore the complex interplay of structural and cultural factors in shaping aging experiences among older Asian Americans. SES offers “flexible resources” such as financial stability, while acculturation provides “fluent resources,” enabling individuals to overcome cultural and systemic barriers. Addressing both structural inequities and cultural integration opportunities is essential for promoting healthy aging.

“It’s enough to make someone...lose their mind:” Exploring the Mental Impact of Racial Capitalism Across the Black American Life Course

Professional Paper Presentation

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This study introduces racial capitalism, the theory that racism and capitalistic exploitation are inextricably linked, into psychology and gerontology by exploring its mental impact across different age groups of Black Americans. Using Constructivist Grounded Theory (CGT), 27 participants from diverse age groups and socioeconomic statuses were interviewed to examine their experiences of racial capitalism and its evolving influence on mental health. The qualitative analysis revealed three themes related to significant age differences in how Black Americans perceive and internalize the mental toll of racial capitalism. Namely, *Individual-level racism impacts older adults’ mental well-being; middle-aged adults are learning from older adults’ poor mental health awareness; and younger adults are mentally struggling under the weight of capitalistic exploitation.* First, older adults focused on individual-level racism experienced earlier in life, maintaining a generally positive outlook on capitalism. Second, middle-aged adults reflected on the limited mental health awareness passed down from older cohorts and the strain of limited generational wealth transfer. Thirdly, younger participants expressed heightened mental distress, pointing to contemporary forms of capitalistic exploitation and systemic racism. Considering these findings, this study introduces Cumulative Racial Capitalism Theory (CRCT), which offers a nuanced lens for understanding the cumulative mental impacts of socioeconomic inequality and systemic racism across age cohorts. Key tenants of CRCT are discussed, theorizing how racism and capitalism evolve continually and in inconspicuous ways to impact the mental health of Black Americans.

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