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Late-life Creativity: The Retirement Years of James Birren

**A Tribute to Dr. James Birren, Professor Emeritus
Honored at the 2002 SGS Annual Conference**

By Dr. Rick Moody, Senior Associate, International Longevity Center-USA

Can scientists and scholars be truly creative and productive in old age? The question has divided gerontology over the years. But there's nothing like a powerful example to inspire us with a glimpse of what is possible in the later years. Among scientists, for example, quantum physicist Erwin Shroedinger produced important philosophical speculation (What Is Life?) while Einstein in old age pursued what long seemed a quixotic search for a "unified field theory" of cosmology. In psychology, too, figures like Jerome Bruner and Erik Eridson as they grew older moved in bold new directions that departed from the path of their earlier careers.

Another example of late-life creativity and wisdom appears in the post-retirement work of James Birren, a towering figure in the field of gerontology. Birren is well-known for founding the Andrus Gerontology Center at USC, but he has also been a distinguished scholar. After W.W. II Birren began his career as a psychologist studying the brain and the behavior of rats. He achieved renown within the dominant lines of scien-

tific psychology in that period. But as he grew older, and particularly after retirement, Birren moved in a direction very far removed from the behavioral focus of his youth. Just as Bruner moved away from narrow cognitive psychology to study "life narratives," so Birren in his (so-called) "retirement" has been preoccupied with wisdom, autobiography and the search for meaning in later life. A high water mark of that interest was publication of his book, *Telling the Stories of Life through Guided Autobiography Groups*, which is the culmination of twenty years of collecting life stories through autobiography workshops.

The pattern of James Birren in his later years shows a parallel with what we have seen in other psychologists and scientists who resolved to "go boldly where no one has gone before." The pattern is recognizable enough to have been given a name: the "late-freedom," which is also the title of an important work on this subject by sociologist Leopold Rosenmayr (*Die Spaete Freiheit*), a book which, alas, has never been translated into English.

The ideal of "late freedom" is also familiar in the work of artists from Michelangelo, Rembrandt and Titian to Louise Nevelson and Picasso in our own time. Artists who remain creative and productive into old age often develop a looser brushwork, a more unrestrained handling of their materials. They go beyond technical mastery to



explore the outer boundaries of their life's vocation. They find the courage and the freedom to be themselves. Matisse put it well when he said, "The young artist, just starting out, believes he paints from the heart. The old artist, at the end of his life, believes he paints from the heart. Only the latter is correct." Matisse, like Birren, would be in a position to know.

The debates over late-life creativity and wisdom will continue. But when we look for an example of a "life well-lived" in its later years, we need look no further than James Birren, who has been, and remains, an inspiration to us all.

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Vision

Bridging gerontological education, research and practice to serve our aging society.

Mission

The Southern Gerontological Society is an inclusive membership association of diverse individuals and organizations with interests in gerontology. Members seek to improve the quality of life for older adults through education, research and practice.

Long Term Goals

The long term goals of SGS include five priority areas which focus on aging issues, especially as these issues relate to older adults in the South.

- ✓ To foster and enhance the bridges among education, research and practice.
- ✓ To facilitate the exchange of information and ideas among professionals, students and older adults.
- ✓ To advance the leadership role of SGS in improving the quality of life of older adults.
 - ✓ To provide expanded and new forums for professional development.
 - ✓ To ensure the continued vitality of SGS.

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PRESIDENT'S MESSAGE

As your newly elected President of SGS, I would like to welcome all new and previous SGS members. If you are currently not a member and are interested in becoming one, please call the SGS office at 239-541-2011 to receive additional information. SGS offers individuals a variety of services and opportunities in the field of aging.

Living in the 21st century, organizations that serve older adults will play a tremendous role in our society. Our elder population is changing. As educators, aging network and health care practitioners, researchers, and policy makers we must be futurists to address these changes. The theme of the 24th Annual meeting of the Southern Gerontological Society, "New Elders, New Care," focuses on two issues: the increasing diversity of our elder population and the variety of care options to meet the changing needs.

Our elders require application of our academic knowledge and empirical research. As knowledge becomes more readily available, how will we ensure that elders are receiving accurate information? Our new elders require qualified practitioners to meet varying educational, health care, legislative, and leisure needs. Our new elders require new mentors. As we look to the future, we must recognize that the only way to improve the care of our elders is to apply a personal approach and recognize that we are "t-talkin' 'bout a new g-generation." SGS is committed to bridging the gap between research and practice by generating, translating and applying knowledge in the field of aging.

SGS has continuously represented the most dignified aging professionals for almost 25 years, and will continue to do so in the future. As the majority of baby boomers become the older adult population, the awareness of aging will increase. SGS is doing a remarkable job of educating our society concerning the most pressing issues facing the 21st century.

In conclusion, I not only challenge each one of you to improve the lives of older adults on a professional basis, but to personally make a positive difference in the life of at least one senior adult who may need words of encouragement and reinforcement.

Sue Maxwell

Sue Maxwell

President, Southern Gerontological Society

Aging Inmates and Applied Gerontology

Ed Rosenberg, PhD, Dept of Sociology and Social Work, Appalachian State University, Boone, NC 28608

RosenbergE@appstate.edu (An expanded version of this article is available from author.)

R. V. Rikard, MA, Dept of Criminal Justice, Temple University, Philadelphia, PA

Since 1970 mandatory sentences, longer sentences, and more life sentences have swollen the number of inmates to nearly two million, about 1/4 of the global prison population. Since 1980 the number of American prisoners age 55 and over has risen 750%. By 2020 older prisoners may comprise 21-33% of America's prisoners. Older inmates are conceptualized via a three-fold typology: first-time offenders as older adults; multiple recidivists or "revolving-door" prisoners; early age offenders who have grown old in prison – the "aging in place" convicts. Due to decades of pre-incarceration alcohol and drug abuse, tobacco use, inadequate diet, poverty and lack of medical care, inmates are considered elderly at age 50. Yet inmates are living longer thanks to advances in medical science and technology. Their "special" health care and other normal age-related needs make it up to three times as costly to maintain them as younger inmates. This creates challenges. Should prisons be adapted for the older inmate, and if so, how? How can the increasing health needs of older inmates be met and paid for? Are there cost-effective and politically palatable options for dealing with the explosive growth in older inmates and incarceration costs that will occur if current policies and practices remain unchanged?

We offer the following *three issues* that may have contributed to these challenges and *six policy recommendation; some of are already being debated at the state or federal level.*

**Inmate Capacity: The Quantity Issue.* For three decades America has built prisons, tightened laws and sentencing restrictions, and imposed longer sentences, creating rapidly rising numbers/percentages of older inmates and higher costs. Current budget shortfalls are forcing states to adjust, e.g., closing prisons, laying off guards, delaying new prison construction, and cutting inmate education programs.

**Prison Environment: The Quality Issue.* Aging is related to physical and mental health needs, adult protective services and adapted housing, and their additional costs. Are the needs of aging inmates taken into account in new prison construction? Also, younger inmate cohorts are less observant of the traditional Convict Code, which confers respect and protection upon senior inmates; its weakening threatens their safety.

**Probation and Parole: The Reintegration Issue.* Budget shortfalls lead states to reconsider sentencing and parole. Recidivism is inversely related to age at time of release, yet most states have no programs specifically designed to help older offenders adjust to civilian life. Older

parolees may qualify for state assistance programs, but often don't know they're available or how to access them. Family support is less likely for older offenders; either family has died off, or family member/s were the victims in the first place and are reluctant to support the perpetrator.

Policy Recommendations:

1. For moral/philosophical and/or financial reasons, the crime control model must be reconsidered. Longer sentences don't lower recidivism. In Canada, cognitive-behavioral therapy, begun in prison and continued upon release, is associated with a drop in re-offending rates by 70% over the past two decades.
2. Age, health, and recidivism odds, not just behavior and threat to society, should be considered in sentencing and parole/early release decisions.
3. Age-specific reintegration programs should be encouraged; parole officers should be trained in the needs of older parolees, and halfway houses should meet their needs.
4. States should consider exempting older inmates, least likely to re-offend, from parole once released.
5. At state and/or national levels, an Older Offender Division could evaluate the situation and recommend changes. In Canada this led to recommendations for age-targeted training for corrections staff, facilities designed/adapted to meet the needs of aging inmates, age-specific halfway houses and longer allowable stays for older parolees, and designating older inmates as a "special needs" population, allowing age and age-related issues to be considered in sentencing and early release decisions.
6. To the extent the crime control model is not changed and sentencing/parole policies are not age-targeted, existing and new prisons must prepare for increasing numbers of older inmates by providing age-targeted physical plant adaptations, staffing and staff training, and programming for inmates.

Note from Editors:

We welcome and encourage you to submit articles, upcoming events, announcement of "members in the news", titles of published books and resource materials, or other information that may be of interest to members. Send suggestions to: Jo Ann O'Quin, Ph.D., Associate Professor of Social Work, University of Mississippi, University, MS 38677 or joquin@olemiss.edu (fax: 662-915-1288)

***The material for the Winter
2003 edition is due 12/15/2002.***

The Alzheimer's and Related Diseases Research Award Fund (ARDRAF): Progressive Support for Innovative Investigations in Virginia

Constance L. Coogle and Edward F. Ansello
Virginia Center on Aging, Virginia Commonwealth University

What do studies of the transport of molecules in the brain, the most effective training of search and rescue teams looking for confused wanderers, and how physicians might best communicate a diagnosis of dementia have in common? The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) has funded them all in Virginia.

When the Virginia General Assembly created the ARDRAF in 1982 (Code of Virginia, Title 2.1, Section 2.1-373.9), the national Alzheimer's Association was barely two years old and most people had never heard of the disease. It is not coincidence that Virginia's legislators determined to support researchers within the state at the same time that the Pilot Research Grant program was initiated at the national level. Rather, it is testimony to their vision of what was needed, drawing researchers into ongoing, diverse and innovative avenues of inquiry "into the causes of Alzheimer's and related diseases, methods of treatment, ways that families can cope with the stresses of caregiving, and the impact of these diseases on the citizens of the Commonwealth."

The ARDRAF continues to distinguish the Commonwealth of Virginia. Because it is intended to be seed grant funding (i.e., support that produces preliminary data for larger, more expensive studies) the ARDRAF has a multiplier effect. Our own study of the ARDRAF program indicates that for every \$1 invested in the pilot investigations of Virginia's researchers, there is a return of at least \$6; these researchers use their seed grant findings to obtain larger grants from other sources, such as the National Institutes of Health.

The Virginia Center on Aging at Virginia Commonwealth University administers the ARDRAF, absorbing all associated administrative costs; consequently, the state appropriation has been, until very recently, sufficient to support an average of five pilot projects a year at \$25,000 each. The prestigious ARDRAF Awards Committee, composed of Virginia scientists, researchers, and practitioners, receives and reviews many more meritorious applications than it can fund. Increased competition for grant funding in general has created more stringent demands for corroborating pilot data, and consequently, a significant rise in the number of fund-worthy applications submitted to the ARDRAF. The Governor's Commission on Alzheimer's Disease and Related Disorders is recommending an increase in the number of awards granted through the ARDRAF.

The General Assembly's broad mandate for the ARDRAF allows for the exploration of previously unexplored or understudied questions, and there are numerous ways that pilot results can later lead to fruitful endeavors. While positive confirming findings certainly add support for a particular line of investigation, negative results can also be helpful by causing one to abandon a disappointing quest and look elsewhere for answers. In either case, the results of pilot experiments can suggest when to change methods or procedures and how best to conduct investigations.

Scientific breakthroughs related to the possible causes and treatments of Alzheimer's disease are reported almost daily. For twenty years Virginia has provided steadfast support of both new and seasoned researchers applying their skills and knowledge to very complex issues surrounding the difficulties of dementia. Other states, interested in supporting research in the area of Alzheimer's and benefiting from the return on that investment, can look to the ARDRAF as a model program.

Additional information about the ARDRAF may be found on the Virginia Center on Aging's website (<http://views.vcu.edu/vcoa/ardraf.htm>).

A Special Word of Appreciation for Outstanding Leadership

We would like to recognize the dedicated service of three very special officers of SGS who worked diligently on behalf of SGS for the past several years. To say they "went beyond the call of duty" would be an understatement. Much thanks for the wonderful leadership and commitment of **Richard Tucker, President; Gary Mayfield, Treasurer, and Pamela Teaster, Secretary** for their service in these important roles. In addition, we extend special appreciation to **Charles Longino, Past President, Wiley Mangum, 2002 Program Chair and retiring Board of Director members: Virginia Bell, Joseph Dancy, Jo Ann O'Quin, Mary Anne Hilker, Victor Marshall, Karen Roberto.**

Thank you all for a job well done!!

New Book & Video Review

Recommended books on Death, Dying and Grief:
Nonfinite Loss and Grief: A Psychoeducational Approach by Elizabeth J. Bruce and Cynthia L. Schultz (2001/258 pages). Paul H. Brookes, P.O. Box 10624, Baltimore, Maryland 21285-0624. 1-800-638-3775 or on line at www.brookespublishing.com. Paper \$29.95.

Death and Dying: Life and Living (4th ed.) by Charles A. Corr, Clyde M. Nabe and Donna M. Corr (2003/654 pages). Wadsworth/Thomson Learning, 10 Davis Drive, Belmont, CA. 94002-3098. 1-800-842-3636 or order on line at www.thomsonlearning.com. Paper \$68.95.

Living with Grief: Loss in Later Life edited by Kenneth J. Doka (2002/363 pages). Hospice Foundation of America, 2001 S. Street NW #300, Washington, D.C. 20009. 1-800-854-3402 or order on line at www.hospicefoundation.org. Paper \$24.95.



The following books are recommended offerings of very practical, applied materials for professionals in long term care settings from: Health Professions Press, P.O. Box 10624, Baltimore, MD. (1-888-337-8808):

Bon Appetite: The Joy of Dining in Long-Term Care by Jitka Zgola, OT(C), and Gilbert Bordillon, BEH (2001/320 pages). Paper \$26.95.

Creating Successful Dementia Care Settings developed by Margaret P. Calkins, Ph.D., M. Arch. Volume Authors: John Marsden, Sherylyn Briller, Mark Proffitt, Kristin Perez, and Margaret P. Calkins (2001/4-volume set). Paper \$62.00.

The Best Friends Staff: Building a Culture of Care in Alzheimer's Programs by Virginia Bell, M.S.W., and David Troxel, M.P.H. (2001/296 pages). Paper \$34.00.



Videotapes from: Magna System, Inc. 1-800-203-7060 or www.magnasystemsvideo.com. Each tape \$89.95.
 "Late Adulthood" and "In Their Own Words" is a six-part video series covering significant issues and life occurring events during late adulthood. These videos present in-depth explorations of retirement, the social convoy as well as death, dying, bereavement and widowhood. The 28-30 minute videos and workbook provide supplemental educational material for the classroom and distance-learning students. (Review by Dianna Wilson, MSW)

2003 Upcoming Meeting News New Elders, New Care

April 9-13, 2003

Our elder population is changing. As educators, aging network and health care practitioners, researchers, and policy makers we must be futurists to address these changes. The theme of the 24th Annual meeting of the Southern Gerontological Society, "New Elders, New Care", focuses on two issues: the increasing diversity of our elder population and the variety of care options to meet the changing needs. As our fellow SGS member, Dr. J. James Cotter has noted, the future of elder care requires that we give up our "rear view mirror approach". We are talking about diverse cohorts of savvy seniors demanding new answers. Our new elders require that academic knowledge and empirical research be applied in the field of practice. As knowledge becomes more readily available, how will we ensure that elders are receiving accurate information? Our new elders require qualified practitioners to meet varying educational, health care, housing, legislative, and leisure needs. Our new elders require emerging leaders in the field to build on the expertise and experience of their gerontological mentors. As we look to the future we must recognize that the only way to improve the care of our elders is to apply a personal approach and recognize that we are "t-talkin' 'bout a new g-generation". SGS is committed to bridging the gap between research and practice by generating, translating and applying knowledge in the field of aging.

In keeping with this year's theme, the program will include special emphasis on applying research to methods for improving care and promoting public policies that support successful aging across the lifespan. Lectures, plenaries and concurrent sessions will feature panels comprised of researchers, providers, practitioners, analysts, advocates, and elders. Symposia, roundtables, workshops, paper and poster sessions will challenge and engage participants. Emphasis will be placed on interactive sessions, providing opportunities to share and apply knowledge.

Questions? Contact: E. Ayn Welleford, Ph.D., Department of Gerontology, Virginia Commonwealth University. (804) 828-1565 or email: ewellefo@mail2.vcu.edu.

2002 Meeting Highlights



Congratulations to SGS AWARDS RECIPIENTS 2002

Doug Beach, Chair



Dick Tucker, President at 2002 Meeting with Special Guest, Mrs. Opal Neerman, age 108 of Apopka, FL.

Student Paper Award Winners

First Place (\$250): **Derrick Chan, M.D.**, Johns Hopkins University, for his paper *Prevalence and Correlates of Behavioral and Psychological Symptoms in Elderly People with Dementia or Mild Cognitive Impairment (MCI) in the Community: The Memory and Medical Care Study (MMCS)*.

First Runner-Up (\$150): **Rehan D. Overton**, Lynchburg College, for her paper, *Spirituality and Self in Late Life*.

Second Runner-Up (\$100): **Christine A. Fruhauf**, Virginia Tech, for her paper: *Rethinking Family Caregiving: A Close Examination of Third Generation Caregivers*.

BEST PRACTICES AWARD, instituted to recognize agencies and/or programs that made innovative and significant contributions to aging services in the southern region, went to **Share the Care**. Share the Care started in 1986 as part of the Florida Legislature's new Alzheimer's Disease Initiative. Known then as the Alzheimer's Respite Care Program (ARCP) of the Christian Service Center for

Central Florida, it was one of four pilot programs funded statewide. ARCP began providing in-home respite services in Orange County using church recruited volunteers.

OLDER ADVOCATE AWARD, honors an older individual who has contributed significantly to understanding issues in aging and/or advocating on behalf of older adults, was presented to **Mary Casey**. Mary is a volunteer of long standing with Legal Aid; Chairperson of the Mayor of Orlando's Citizen Advisory Panel; former Chairperson of Orange County's Citizen Review Panel which allocates human services dollars for Orange County and the City of Orlando; and former co-chair of the Senior Resource Alliance - the Area Agency on Aging of Central Florida's legislative committee. In March of 1999, Mary, Dr. Richard Tucker and met with then Orange County Commission Chairman and now Secretary of Housing and Urban Development Mel Martinez to lay the foundation for what is now the Orange County Commission on Aging.

APPLIED GERONTOLOGIST AWARD, acknowledges a SGS member who has a record of distinguished service to older adults and who has provided leadership in the field of aging services within the southern region and within SGS, went to **Dr. Mary Anne Hilker**. Dr. Hilker has had a rich and successful background in applied gerontology, including nearly two decades as with the Mid Florida Area Agency on Aging, served as the Co-Director of the University of Florida Geriatric Education Center for nine years and has served as the Director of the Center for Aging Resources at the Mid-Florida Area Agency on Aging for the past three years.

ACADEMIC GERONTOLOGIST AWARD, presented to a SGS member who has distinguished himself or herself through their teaching and scholarship, their advancement of knowledge in aging, their impact on the future leaders of our profession, and their service to SGS and the profession of gerontology, was awarded to **Dr. Ed Folts**, Professor of Sociology and Social Work and Director, Gerontology Program, Appalachian State University, Boone, NC. In addition to his contributions as a teacher, Dr. Folts has contributed significantly to the literature on housing alternatives for older adults, and more recently, to caregiving issues.



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CALENDAR

November 4-8, 2002 - 19th Annual Adult Protective Services Conference. Contact 512-438-3206 or jameisha.spencer@tdprs.state.tx.us

November 19-22 - 1st Annual Eden Alternative International Conference View Transforming the Face of Eldercare. Contact Susan Dean at scedenalt@aol.com or 704-527-3124.

November 22 - 26, 2002 - 55th Annual meeting of The Gerontological Society of America. Contact www.geron.org or call 202-842-1275.

March 6 - 9, 2003 - 29th Annual Meeting of the Association for Gerontology in Higher Education. Contact www.aghe.org or call 202-289-9806.

March 13-16, 2003 - Joint Conference of the National Council on the Aging and the American Society on Aging. Contact 415-974-9600 or www.agingconference.org

April 9-13, 2003 - 24th Annual Meeting of SGS in Richmond, VA. Contact: www.wfu.edu/Academic-departments/Gerontology/sgs or 941-541-2011

Members in the News

Jordan I. Kosberg, Ph.D., ACSW, The University of Alabama Endowed Chair of Social Work, and Ph.D. Program Chair in the School, has been selected to be the New Zealand 2002 TOWER Visiting Fellow. Under the auspices of the New Zealand Institute for Research on Ageing, Prof. Kosberg will be visiting New Zealand from mid-May to mid-June to “raise the profile of ageing issues” through informal and formal presentations and meetings, public lectures, and media interviews in several cities in the country.

William E. Haley, Ph.D., Professor and Chair in the Department of Gerontology at the University of South Florida has been named as recipient of the 2002 Mentor Award by the American Psychological Association Division of Adult Development and Aging and Retirement Research Foundation. This award is to “an individual who has consistently provided support, guidance, and strong direction to undergraduate and graduate students in aging and adult development...who has been most actively committed to mentoring and who best exemplifies the qualities identified with strong, effective mentoring.” Bill received a plaque and \$2,500 check at the recent APA meetings in Chicago.

Jim McAuley, PhD, has been invited to serve as Long-term Care Scholar in Residence at the Agency for Healthcare Research and Quality with DHHS in Rockville, MD. July 31, 2003 Jim will be half time at AHRQ and half time at UNC Charlotte. While at AHRQ, he will be working with researchers at both the Health Resources and Services Administration and AHRQ on issues related to rural-urban home care differences and he will also be developing some new variables to be added to the Medical Expenditure Panel Study Nursing Home Component.

Gary Mayfield, Ph.D. has relocated from Florida to Louisiana College, Pineville, LA where he is Associate Professor of Sociology. He can be contacted at 318.487.7114 or mayfield@lacollege.edu.