

Bridging Aging Research & Practice

SGS PRIORITIES SURVEY 3.0 FULL REPORT

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EXECUTIVE SUMMARY - SGS PRIORITIES SURVEY 3.0

OVERVIEW

The Southern Gerontological Society (SGS) Survey Subcommittee disseminated the first Societywide SGS Priorities Survey in 2018. Recommendations from this initial survey led to substantive outputs, including the development of dedicated conference tracks, a peer-reviewed publication with subsequent presentations, a webinar series, and the establishment of the Gerontological Education and Advocacy Committees. To capture evolving regional needs, the survey subcommittee has repeated the priories survey every three years. This executive summary outlines Survey 3.0's methodology, content, respondent demographics, key findings, emerging organizational priorities, and recommendations for future action.

SURVEY DESIGN

The survey was developed in Qualtrics and distributed to SGS members and stakeholders across three scheduled email campaigns in July and August of 2024. Of the 211 individuals who began the survey, 87% (N=185) completed all questions.

The survey had a total of 14 questions. Questions 1 through 5 asked respondents to rank topics in each category—Health and Well-Being, Environment, Society, Technology, and Emerging Concerns. At the end of each category section, respondents were invited to provide an open-ended response describing their personal or professional experiences that may have influenced their rankings. Questions 6 and 7 were open-ended, asking respondents to identify the highest priority SGS should address over the next three years and to describe the role SGS should play in addressing these priorities, respectively. The survey concluded with demographic questions, including SGS membership status, profession, state they reside in, geographic location, gender identity, race, and ethnicity.

DATA ANALYSIS

To analyze topic scores for Survey 3.0, means were calculated for each category (Questions 1-5) from completed surveys (N=144). A score of 1 was given to a topic perceived by respondents as least important, while a topic given a score of 5 was perceived as highest importance. Open-ended responses from Survey 3.0 were uploaded into MAXQDA24 qualitative analysis software for systematic coding. We also conducted a comparative analysis of responses from Survey 1.0, Survey 2.0, and Survey 3.0 to understand the longitudinal trends across the three datasets.



RESPONDENT DESCRIPTION

Demographic questions at the end of the survey addressed respondents' SGS membership status, profession, gender, race and ethnicity, geographic location, and state of residence. The majority identified as female (73%), white (69%), and not Hispanic or Latinx (96%).

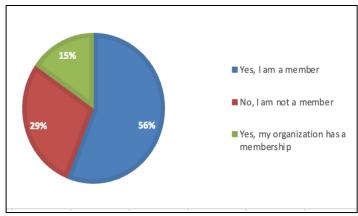


Figure 1. Membership Status of Survey Respondents

Fifty-six percent were individual SGS members, 15% held an organizational membership, and 29% indicated that they were not members. Professionally, most respondents reported being educators (44%),followed researchers (33%) and practitioners (31%). Respondents were allowed to select more than one professional identity. For example, some selected both a student and a practitioner or retired and an educator.

Eighteen U.S. states are represented, with the highest concentrations from Georgia (22%), North Carolina (18%), and Virginia (17%).Approximately 93% of the responses reside in 11 states within the southern region of the U.S. The remaining 7% reported living in California, Nebraska, New York, Ohio, Pennsylvania, Wisconsin, and countries outside the U.S.

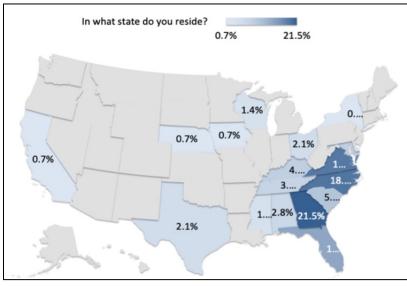


Figure 2a. Residence of Survey Respondents



FINDINGS

Findings from Questions 1 through 5 offer insight into the evolving priorities of SGS members and stakeholders. Means were calculated for each topic and then ranked in order of priority. The top highest scoring means from each topic were: cognitive impairment (Health and Well-being), affordable housing (Environment), poverty and income inequality (Society), personal assistive devices (Technology), and loneliness (Emerging Concerns). A full description of the quantitative and qualitative results from each category are provided in the Full Report.

- TOP 3: 1) cognitive impairment/dementia, 2) chronic illness, 3) mental health
- · Additional Topics of Importance: health literacy, end-of-life, health disparities

- TOP 3: 1) affordable housing, 2) aging-in-place, 3) social isolation
- · Additional Topics of Importance: transportation, long-term services and supports, other housing issues (e.g., accessibility and quality)

- TOP 3: 1) poverty and income inequality, 2) informal/formal caregiving, 3) elder
- Additional Topics of Importance: minority aging, role of faith communities as a support resource, representation through voting access

- TOP 3: 1) personal assistive technologies, 2) personal mobility aids, 3) internet access
- · Additional Topics of Importance: telehealth, medical alerts, mobile technologies

- TOP 3: 1) loneliness, 2) funding for aging programs, 3) aging services workforce (eg., size, capabilities, training)
- · Additional Topics of Importance: income, Medicare, advanced care planning

Figure 3. Summarized Results from Questions 1-5

PRIORITY ISSUES & ROLE OF SGS

A top 10 list was created by ranking all topics in the survey from the highest to the lowest based on their total mean scores (Table 1). There were three ties, meaning that two topics had the exact same mean score, therefore there are a total of 11 topics on the list. Notably, there was representation from each of the five categories.

Table 1. Overall Rankings in Survey 3.0

Overall Ranking	Topic	Average	Category
1	Affordable housing	4.55	Environment
2 (4: 4)	Loneliness	4.46	Emerging Concerns
2 (tied)	Cognitive impairment/dementia	4.46	Health & Well-Being
4	Funding for aging programs	4.42	Emerging Concerns
5 (tied)	Personal assistive technologies (e.g., hearing aids, glasses, grabbers)	4.35	Technology
	Aging in place	4.35	Environment
7	Social isolation	4.33	Environment
8	Poverty and income inequality	4.31	Society
9	Transportation	4.30	Environment
	Long-term services and supports (LTSS)	4.28	Environment
10 (tied)	Aging services workforce (e.g., size, capabilities, training)	4.28	Emerging Concerns

Note. *More than ten topics are listed in Table 6 due to ties for the second, fourth, and eighth rankings.* Bolded rows indicate ties in ranking.



In Question 6, respondents were asked to identify the highest priority for SGS to consider over the next three years. Results from Survey 3.0 confirm that stakeholder priorities continue to shift over time. Housing was considered the top priority among survey respondents for Survey 3.0. The figure below highlights 11 topics that appeared in the top 10 lists of two or more survey waves (Surveys 1.0, 2.0 and 3.0).

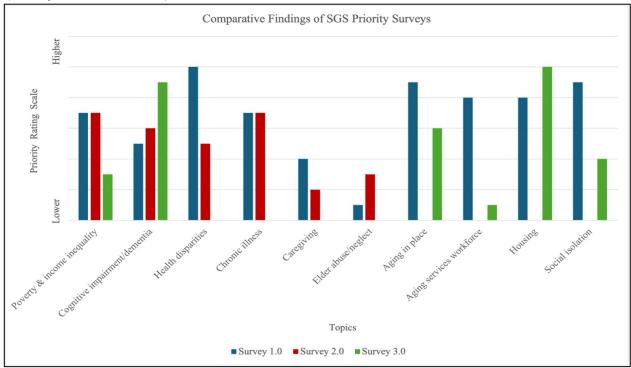


Figure 4. Bar Graph of Comparative Findings of Priority Surveys

In the bar graph (Figure 4), each topic is shown along the horizontal axis, and the bars are color-coded to represent each survey wave. The vertical axis reflects each topic's ranking, with longer bars indicating higher priority. Topics with three bars appeared in the Top 10 across all three waves, while those with only two bars were ranked in the top 10 in just two waves. This visual allows for easy comparison of how topic rankings have shifted over time. For example, *Cognitive Impairment/Dementia* has steadily increased in priority over the three survey waves while *Poverty and Income Inequality* recently decreased in Survey 3.0.

It is also essential to interpret the graph within the context of societal changes, as reflected in the qualitative survey responses. For example, while the general trend indicates that *Poverty and Income Inequality* has declined in importance over time, this view becomes more nuanced when considering the lasting impacts of the COVID-19 pandemic and the current political climate. Insights from the mixed methods analysis suggest that, although poverty is no longer ranked as highly, it remains a persistent underlying factor that influences other rising concerns, such as housing affordability and chronic health issues.



Question 7 asked respondents what role they thought SGS should play in addressing the priority(ies) they identified in Question 6. Responses to Question 7 spanned many topics such as education, training, and research, offering more detailed suggestions on ways SGS might respond. Advocacy was mentioned most frequently (48%), followed by Education (42%), Collaboration (23%), Funding (16%), and Outreach (3%). Twenty-four percent expressed that SGS should be active in all roles. Further discussion and learning are needed on the most pertinent issues identified to develop targeted strategies for areas where SGS can have the greatest impact (e.g., providing expertise, funding, etc.).

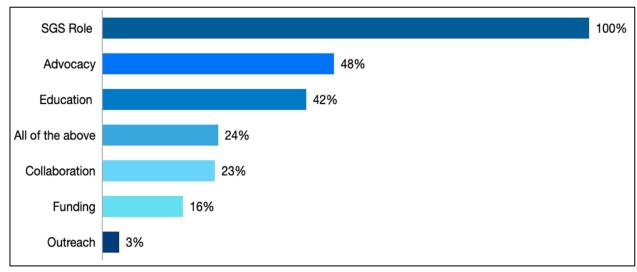


Figure 5. Results for Question 7, "What Role Should SGS Play in Addressing these Priorities?"



RECOMMENDATIONS

SGS Surveying members and stakeholders every three years is consistent with our commitment to empowerment evaluation conceptual framework of action that addresses the discrepancy between intention and attainment in research (Schwartz et al., 2022). The principles of empowerment evaluation closely with the underlying philosophy and culture of SGS (Schwartz et al., 2022)—to improve the quality of life for older adults through education, research, and practice. SGS stakeholders including members, aging network partners, educators, and others with an interest in aging in the southern United States—can incorporate advocacy, education, collaboration, inclusion, and empowerment to create lasting change for current older adult cohorts and those to come.

Based on the priorities identified in SGS Survey 3.0, the survey subcommittee outlines specific recommendations. organized around five interwoven empowerment evaluation principles education, collaboration, advocacy, inclusion, and empowerment.

The SGS Survey 3.0 Full Report further breaks down each recommendation into actionable steps advance to gerontological research, practice, and education in the southern region of the United States.





FULL REPORT - SGS PRIORITIES SURVEY 3.0

OVERVIEW

The Southern Gerontological Society (SGS) is a multidisciplinary network of gerontology professionals whose members include educators, service practitioners, researchers, health professionals, policy makers, students, and a variety of community constituencies. SGS provides a community for networking and collaboration among members and community stakeholders who seek to advance gerontological research, practice, and education in the southern region of the United States.

Founded in 1979, SGS was one of the first regional aging interest groups in the United States (SGS, 2019a). Two of the original bylaws of the Society established that the purpose of SGS was to:

- assume leadership in the southern region for bringing about a better understanding of developments in the field of gerontology.
- advocate for the development of sound strategies for implementing meaningful public policy on aging within the southern region and the nation.

Before its 40th anniversary in 2019, SGS leadership initiated an archive project in which core SGS principles were revisited—namely, research, practice, and policies specifically related to aging in the South. This resulted in the development of the first SGS Priorities Survey in 2018 to explore ideas for increasing the organization's impact in the region. A recommendation from the findings of the first survey was to disseminate the Priorities Survey triennially to SGS members and organizational stakeholders to capture evolving regional needs.

The following report outlines key findings from the SGS Priorities Survey 3.0 and presents the resulting organizational priorities and recommendations for future action.

SURVEY 3.0 DESCRIPTION

A consistent element across each survey to date (2018, 2021, and 2024) has been respondents' ranking of topics that they believe are important to addressing the needs of older adults in the South and those who support them. During the development of Survey 3.0 development, the SGS Priorities Survey Subcommittee reviewed topic rankings from Surveys 1.0 and 2.0 to ensure that relevant topics were included in the 3.0 survey. Where necessary, topics were renamed, recategorized, or removed if found redundant. The subcommittee also reviewed write-in answers from Surveys 1.0 and 2.0 and included responses that occurred multiple times. In addition to quantitative rankings, Survey 3.0 also included open-ended questions used in prior surveys (e.g., "Please describe personal/professional experiences that influence your choices above.").



The survey instrument was developed in Qualtrics and distributed via Constant Contact, an email marketing platform, to SGS members and stakeholders across three scheduled email campaigns. SGS stakeholders include organizational members, aging network partners, educators, and others interested in aging-related issues in the southern United States. The survey included 14 questions. Questions 1 through 5 asked respondents to rank the five most important topics in each category using a scale from 1 (least important) to 5 (most important). Topics were listed alphabetically within five categories related to aging in the South: Health and Well-Being (13 topics), Environment (16 topics), Society (9 topics), Technology (12 topics), and Emerging Concerns (12 topics). Each category also included "Other" to allow respondents to write in additional topics of personal or professional relevance.

At the end of each category section (Questions 1-5), respondents were invited to provide an open-ended response offering personal or professional context for their rankings. Questions 6 and 7 were also open-ended, asking respondents to identify the *highest priority SGS should address over the next three years* and to describe *the role SGS should play in addressing these priorities*, respectively. Seven demographic questions were asked at the end of the survey. The survey instrument is available in Appendix A.

DATA ANALYSIS

Mixed Method Analysis. To analyze topic scores for Survey 3.0, mean scores were calculated for each category (Questions 1-5) from completed surveys (N=144). Respondents were asked to score each topic based on a range of importance from low to high. A score of 1 was given to a topic perceived as low importance, while a topic given a score of 5 was perceived as high importance.

Open-ended responses from Survey 3.0 were uploaded into MAXQDA24, a qualitative analysis software. We used a hierarchical coding structure to capture nuance within parent codes (i.e., broader categories). For example, five subcodes (e.g., improvements, safety, affordability, aging in place, and homelessness) were nested under the parent code, *Housing*, to capture the complexity of responses related to this topic. The team defined parent codes and subcodes using code comments to ensure codebook reliability, which guided the analysis.

Comparative Analysis. A comparative analysis of responses was conducted across Survey 1.0, Survey 2.0, and Survey 3.0 to understand the longitudinal trends across the datasets. In Surveys 1.0 and 2.0, the highest priority was assigned a score of 1, while the lowest priority received a score of 5. To provide a more accurate representation of priority shifts over time, we re-coded the results from Surveys 1.0 and 2.0 to align with the scoring structure of Survey 3.0. We then compared the mean scores to examine changes over time.



RESPONDENT DESCRIPTION

There was an average of 2,282 successful survey deliveries to email addresses, and an average of 797 opens, from the three emails sent in July and August 2024. Recipients were encouraged to share the survey link with their professional networks via email or social networking platforms (e.g., LinkedIn, Facebook, Instagram, etc.). Of the 211 individuals who began the survey, 87% (N=185) completed all survey questions.

Demographic questions at the end of the survey addressed respondents' SGS membership status, profession, gender, race and ethnicity, geographic location, and state of residence. The majority identified as white (69%), and not Hispanic or Latinx (96%). Others identified as Black (17%), Asian (4%), or two or more races (4%), and nine respondents preferred not to disclose their racial identity.

Seventy-one percent were individual or organizational SGS members and 29% indicated that they were not members (Figure 1). The majority identified as female (73%), followed by male (22%), and transgender or non-binary (2%). Five individuals preferred not to disclose their gender. Respondents could select more than one category to describe their professional identity. For example, some respondents identified as both student and practitioner, or as retired and still working as educator. Professionally, most respondents reported being educators (44%), followed by researchers (33%), and practitioners (31%).

Eighteen U.S. states were represented, with the highest concentrations from Georgia (22%), North Carolina (18%), and Virginia (17%). Approximately 93% of respondents resided in 11 states within the southern U.S., while the remaining 7% reported living in California, Iowa, Nebraska, New York, Ohio, Pennsylvania, Wisconsin, or outside of the United States.

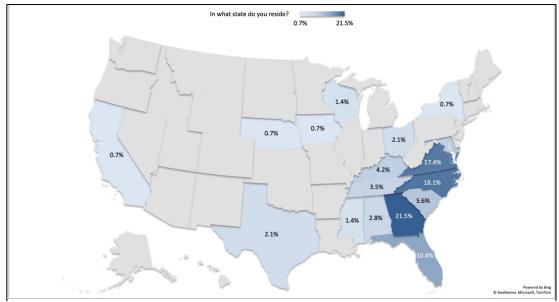


Figure 2b. Residence of Survey Respondents



FINDINGS

The following sections detail the aggregated responses from Questions 1 through 5, resulting in a Top 10 list of priority topics across all categories. Representative quotes from open-ended responses are included in each section to illustrate how respondents described these issues in their own words and to highlight nuances not captured by the rankings alone.

Category 1: Heath & Well-being

The top three topics within this category were cognitive impairment/dementia, chronic illness, and mental health. Additional topics of importance included emphasis on health literacy, end-of-life care, and health disparities. Table 1 provides a complete list of topics within this category.

Respondents noted the critical interplay between physical, mental, and cognitive health among

older adults and their caregivers. For example, one participant explained:

In my role I provide care to older adults with physical, mental, and cognitive health concerns both as the patient and the caregiver. Each of these factors above plays a significant role in wellbeing and safety, with many of them being frequently neglected in standard healthcare visits. – P140

Table 1. Topic Rankings within Health & Well-being

Topic	Average		
Cognitive impairment/dementia	4.46		
Chronic illness	4.21		
Mental health	4.18		
Health literacy	4.12		
End-of-life care	4.11		
Health disparities	4.10		
Falls	4.07		
Nutrition	4.01		
Informal caregiver health	3.98		
Food insufficiency	3.96		
Palliative care	3.88		
Oral health	3.79		
Issues of faith, religion, & spirituality	3.31		

There is a need for multi-level solutions that foster a "public

consciousness" (P62) regarding the holistic aspects of living with dementia and caring for individuals affected by the illness. For instance, several participants highlighted the necessity for educational resources that offer insights into healthy aging, end-of-life issues, and general well-being for those with cognitive impairments.

My work supports caregivers of persons living with dementia. There is a great need to help people understand that good nutrition and access to food can, with exercise and cognitive engagement, prevent some forms of dementia. Caregivers need more support, the public needs more education and primary care doctors need more time to spend with caregivers and their loved ones. – P92



Category 2: Environment

The top three topics within this category were affordable housing, aging in place, and social isolation. Additional topics of importance included transportation, long-term services and supports, and other housing issues (e.g., accessibility and quality). Table 2 provides a complete list of topics within this category.

Affordable housing was the top priority within its category. Respondents noted that the issue is not only with affordable housing options, but they also commented that housing insecurity is closely related with other health concerns and quality of life for older adults and their caregivers.

Seeing my mother decline while being socially isolated and having difficulty in accessing affordable housing which caused a number of health issues to get worse from stress. – P100

Several other respondents mentioned that older adults are being "priced out" of housing options and are becoming more Table 2. Topic Rankings within Category 2: Environment

Topic Average

Topic	Average
Affordable housing	4.55
Aging in place	4.35
Social isolation	4.33
Transportation	4.30
Long-term services & supports (LTSS)	4.28
Accessible housing	4.22
Housing quality/security/sufficiency	4.20
Long-term care living options (e.g., independent living, assisted living, skilled care)	4.19
Personal safety and security	4.08
Health care deserts	4.05
Options for respite	4.01
Delivery of services (e.g., food, commodities, prescriptions)	3.89
Rurality	3.82
Food deserts	3.80
Disaster preparedness	3.65
Shared living alternatives	3.59

prevalent among low-income and rural populations. To convey the interrelatedness of these related issues, several participants share personal and professional experiences that contextualize the complexity of housing.

There are too many seniors who've been **priced out** of former housing, with nowhere left to go.

"Affordable" is for working folks, not seniors. We need low-income housing that is safe for seniors.

To be an elder and living in your car should not be acceptable to any society. — P102

Experience in the aging field and as a community member, I'm seeing that older adults who rent are being **priced ou**t of the area during to rapidly rising rents. Need for other housing options (home shares, etc., tiny houses, more apartment developments, etc.). – P31



Category 3: Society

The top three topics within this category were poverty and income inequality, informal/family caregiving, and elder abuse/neglect/exploitation. Additional topics of importance included minority aging, the role of faith communities as a support resource, and representation through voting access. Table 3 provides a complete list of topics in this category.

Qualitative responses provided rich context for the rankings. Respondents commented on financial insecurity among older adults in a variety of ways such as addressing poverty or individuals living on a fixed income. Others situated poverty and income inequality in the context of prevailing politics in the U.S. alongside the deprioritizing social connection in society. This was expressed as critical to the well-being of older adults who may, over time, simply be forgotten.

Poverty and income inequality is becoming progressively worse with the rate of increase in the disparity between those who have and those who do not accelerating. — P135

I believe caregivers need more education on dealing with the Aging population and their needs. — P91 **Table 3. Topic Rankings within Society**

Table 5. Topic Rankings within Society					
Topic	Average				
Poverty and income inequality	4.31				
Informal/family caregiving	4.22				
Elder abuse/neglect/exploitation	4.20				
Minority aging	4.01				
Faith communities as a support resource	3.82				
Representation (voting access)	3.74				
LGBTQ issues and aging	3.56				
Immigration	3.47				
Status of refugees	3.25				

Although the topic "minority aging" was not among the top three topics, respondents explained how societal concerns, particularly among diverse older adults (e.g., migrant workers, immigrants, and LGBTQ elders) affected housing options, lack of financial security, and caregiving needs over time. The themes identified in these quotes reflect a consistent call for equity across various topics in aging.

Housing for persons who retire from Migrant Farm work as well lack support in their communities.

Those in the LGBTQ community as well have a lack for support often in the caregiving arena, since often they lack nuclear family support. — P124



Category 4: Technology

The top three topics within this category were personal assistive technologies, personal mobility aids, and internet access. Additional topics of importance included telehealth, medical alerts, and mobile technologies. Table 4 provides a complete list of topics in this category.

While there is support for the integration of technology, there are also significant barriers that affect the willingness of older adults to adopt technology into their daily lives. Respondents acknowledged that, while technology provides the ability to reduce social isolation, many older adults may be at a disadvantage due to factors such as limited internet access, lack of familiarity, and recurring costs of technological solutions.

Honestly, working in the rural south, most of the seniors I work with lack access to basic Assistive Tech devices like mobility aids.
They are becoming increasingly difficult to locate for low income and uninsured seniors. Newer technologies are great for places that have more access to basic tech needs, but in the areas, I work in- Alabama and Georgia, this is not the case. — P124

Table 4. Topic Rankings within Technology

Topic	Average
Personal assistive technologies (e.g., hearing aids glasses, and grabbers))
Personal mobility aids (e.g., rolling walkers, scooters, electric wheelchairs)	4.23
Internet access	4.21
Telehealth	4.15
Medical alerts (e.g., safety, Life Alert)	4.09
Mobile technologies (e.g., Smartphones, tablets, readers/Kindle)	4.03
Personal computers (e.g., laptops, desktops, software)	3.83
Virtual communication (e.g., Zoom, FaceTime, WhatsApp)	3.71
Home assistance devices (e.g., virtual assistant/Alexa, cleaning robots/Roomba, security/Ring)	3.63
Surveillance and monitoring technologies	3.63
Wearable devices (e.g., activity tracker/Fitbit, step counter)	3.42
Virtual reality devices	2.93

Respondents added that educational programs about new and evolving technologies can be helpful, but if the

education is perceived as too cumbersome or relies too heavily on ongoing support from others, older adults will not opt for easier devices and equipment.

As for technology - that will depend upon the older person and his or her wants and needs. Working with many elderly, they dislike too much technology and will abandon it over easier ways to communication. Education is key - but many do not want to be bothered. — P59



Category 5: Emerging Concerns

The top three topics within this category were loneliness, funding for aging programs, and the aging services workforce (e.g., size, capabilities, and training). Additional topics of importance included income, Medicare, and advance care planning. Table 5 provides a complete list of topics in this category.

Many of the emerging concerns are not "new" to gerontology. In this section, however, qualitative responses suggest that many of these topics are emerging or reemerging as significant priorities among respondents. For example, the aging service workforce has been a longstanding concern, but post-COVID, respondents expressed heightened worry about whether healthcare workers will continue to remain in or return to the profession.

COVID destroyed this workforce, and
we are not doing a good job
recruiting and retaining workers,
either for facilities or in-home care.
The worker shortage will continue
and likely worsen if we do not put
more attention there. – P43

Table 5. Topic Rankings within Emerging Concerns

Concerns	
Topic	Average
Loneliness	4.46
Funding for aging programs	4.42
Aging services workforce (e.g., size, capabilities, training	4.28
Income	4.26
Medicare (e.g., eligibility, enrollment, fraud)	4.22
Advance care planning	4.22
Medicaid (e.g., eligibility, access, dependence, expansion)	4.17
Social Security (e.g., dependence, solvency)	4.11
Retirement planning	3.94
Older adult employment	3.79
Family separation and migration	3.58
Opioid use and misuse	3.53

Funding for aging programs and the ongoing oversight of proper fund allocation are heavily influenced by the fluctuating U.S. political climate. This instability can have lasting effects on older adults, their families, and the programs that support their care. As respondents mentioned in previous sections, the unequal distribution of resources exacerbates a cultural divide, leaving many older adults, particularly those from marginalized communities, without essential resources that protect them from social isolation and loneliness. While these issues might not be new, they are being experienced through unprecedented societal change.

Loneliness is almost fully accounted for by sufficiency of and access to resources and access to acceptable others that is adequate to building relationships with acceptable others. – P44



Top 10 Topics

A top 10 list was created by ranking all topics in the survey from the highest to the lowest based on their total mean scores. There were three ties, meaning that two topics had the exact same mean score, therefore there are a total of 11 topics on the list. Notably, there was representation from each of the five categories. Five topics from Category 2: *Environment*—affordable housing, aging in place, social isolation, transportation, and long-term services and supports (LTSS)—emerged as top priorities, with affordable housing identified as the leading concern. Additionally, Category 5: *Emerging Concerns* contributed three topics—loneliness, funding for aging programs, and the aging services workforce—among the highest priorities. Topics from Category 1: *Health & Well-Being* (e.g., cognitive impairment/ dementia), Category 3: *Society* (e.g., poverty and income inequality), and Category 4: *Technology* (e.g., personal assistive technologies) also appeared on the list.

Table 6. Overall Rankings in Survey 3.0

Overall Ranking	Торіс	Average	Category
1	Affordable housing	4.55	Environment
	Loneliness	4.46	Emerging Concerns
2 (tied)	Cognitive impairment/dementia	4.46	Health & Well- Being
4	Funding for aging programs	4.42	Emerging Concerns
5 (tied)	Personal assistive technologies (e.g., hearing aids, glasses, grabbers)	4.35	Technology
	Aging in place	4.35	Environment
7	Social isolation	4.33	Environment
8	Poverty and income inequality	4.31	Society
9	Transportation	4.30	Environment
10 (4° 1)	Long-term services and supports (LTSS)	4.28	Environment
10 (tied)	Aging services workforce (e.g., size, capabilities, training)	4.28	Emerging Concerns

Note. More than ten topics are listed in Table 6 due to ties for the second, fourth, and eighth rankings. Bolded rows indicate ties in ranking.



PRIORITY ISSUES & ROLE OF SGS

Shifting Priorities

In Question 6, an open-ended question, respondents were asked for their opinions on the highest priority for SGS to consider over the next three years. Survey 3.0 confirms that stakeholder priorities continue to shift over time. Analyzing the top 10 lists from each of the three survey waves, 11 topics made two or more of the top 10 lists (see Table 7). These were topics that respondents indicated were important over each survey wave (2018, 2021, 2024). The ranking of each topic in the top 10 list of the respective survey waves is noted in the table.

Table 7. Comparative Analysis of Top 10 Topics over 3 Survey Waves

ТОРІС	RANKING SURVEY 1.0 (2018)	RANKING SURVEY 2.0 (2021)	RANKING SURVEY 3.0 (2024)	DOMAIN / CATEGORY (noted when different across survey waves)	
Poverty and income inequality	#4	#4	#8	Societal/Equality	Society
Cognitive impairment/dementia	#6	#7	#2	Health & Well Being	
Health Disparities	#1	#6		Health & Well Being	
Chronic Illness	#4	#4		Health & Well Being	
Caregiving	#7	#9		Current Concerns Society	
Elder Abuse / Neglect	#10	#8		Current Concerns Society	
Aging in place		#2	#5	Environment	
Aging services workforce		#3	#10	Emerging Concerns	
Housing-Accommodation / Affordable Housing	#3		#1	Environment	
Social Isolation	#2		#7	Current Concerns Environment	
Transportation	#8		#9	Environment	

Of note, two topics (Poverty and income inequality and Cognitive impairment / dementia) were included in the top 10 lists of all three surveys, and nine topics made the top 10 in two of the surveys. All five Categories were

represented in the top 10 list of topics from the three survey waves, though some topics were moved into different categories in subsequent surveys and are represented in the table as a split cell. These comparative data recognize the ongoing importance of these key topics in respondents' interpretation of issues faced by older adults in the South.

It is essential to interpret the table within the context of societal changes. For example, while the general trend indicates that income inequality has decreased in importance over time, this perspective shifts when considering the impacts of the COVID-19 pandemic and the

Studying the life course means being cognizant of the many problems older adults face and so it's important we start sharing these insights to promote healthy living for other older adults. –P8

current politically polarized climate. Respondent comments suggest that poverty remains a persistent undercurrent affecting many other issues that have gained importance, such as housing affordability and chronic health problems.



The Role of SGS in Addressing Priorities

Surveying SGS members and stakeholders every three years is consistent with our commitment to empowerment evaluation as a conceptual framework of action that addresses the discrepancy between intention and attainment in research (Schwartz et al., 2022). The principles of empowerment evaluation align closely with the underlying philosophy and culture of SGS (Schwartz et al., 2022)—to improve the quality of life for older adults through education, research, and practice. SGS stakeholders—including members, aging network partners, educators, and others with an interest in aging in the southern United States—can incorporate advocacy, education, collaboration, inclusion, and empowerment to create lasting change for current older adult cohorts and those to come.

Question 7 asked respondents what role they thought SGS should play in addressing the priority(ies) they identified in Question 6. Responses to Question 7 spanned many topics such as education, training, and research, offering more detailed suggestions on ways SGS might respond. Advocacy was mentioned most frequently (48%), followed by Education (42%), Collaboration (23%), Funding (16%), and Outreach (3%). Twenty-four percent expressed that SGS should be active in all roles. Further discussion and learning are needed on the most pertinent issues identified to develop targeted strategies for areas where SGS can have the greatest impact (e.g., providing expertise, funding, etc.).

Qualitative responses provided specific insight into the role of SGS. Nested within the code, *Collaboration* included three subcodes that focused on the role of SGS. Respondents shared that they would like SGS to continue bridging research and practice, creating opportunities for professional development, and facilitating collaboration across states. Respondents also emphasized the importance of continuing education and training to strengthen SGS's organizational commitment to addressing the diverse challenges faced by older adults and their support networks. They recommended education for caregivers, older adults, and providers.

As the population of older adults increases, society must prepare the resources needed to care for older adults as well as ensure they are members of a community. I believe this is going to require additional funds and labor force, as well as out of the box thinking, like shared space elder and youth care, that allows older adults to grow and thrive. –P23



RECOMMENDATIONS

Based on the priorities identified in responses to SGS Survey 3.0, the survey subcommittee offers the following recommendations, organized around five interwoven empowerment evaluation principles:

• Recommendation 1: Raise Awareness of Affordable Housing & Economic Insecurity Issues

- o Advocate for affordable housing solutions as a foundational aging issue in the South.
- Partner with regional stakeholders (e.g., housing authorities, aging councils) to support cross-sector research and policy dialogues focused on housing, transportation, and poverty.

• Recommendation 2: Promote Advancing Dementia & Chronic Illness Support

- Provide ongoing education and training for caregivers and health professionals via webinars, conference spotlight sessions, and research opportunities.
- Facilitate partnerships with universities, memory care networks, and gerontology training programs.

Recommendation 3: Encourage Programming that Fosters Social Connection and Community Belonging

- o Promote public services and SGS member / state or regional level events that focus on creating awareness of the effects of loneliness and social isolation on older adults.
- o Support innovations that combine technology and personal connection.

• Recommendation 4: Advocate for Expanded Access to Aging Services & Funding

- o Promote increased investment in innovative programs that support the well-being of older adults across the South.
- Elevate awareness of successful aging initiatives and collaborate to expand visibility around funding challenges in historically underserved populations.

• Recommendation 5: Foster Inclusion Across Regions & Populations

- Strengthen SGS outreach in underrepresented southern states and historically minoritized communities.
- Explore strategies to increase diverse stakeholder representation from all states in our region.
- Support representation from diverse geographies and backgrounds in SGS leadership roles.

• Recommendation 6: Conduct SGS Priorities Survey every three years to track evolving priorities that guide SGS's strategic planning, programs, and advocacy efforts

- o Encourage SGS committees to align agendas with priorities identified in Survey 3.0.
- o Promote transparency and accountability through regular reporting of how survey findings are incorporated within the organization.
- Share survey data with stakeholders and policymakers to spotlight opportunities for collaboration and broader impact.



REFERENCES

Schwartz, A.J., Bower., K.L., Rowles, G.D., Appert, K., & Ferguson, L.S. (2022). Toward a Gerontological Agenda: The Use of Empowerment Evaluation. *Journal of Applied Gerontology*, 41(1),36-45. https://doi.org/10.1177%2F0733464820966477



APPENDIX A – SURVEY 3.0 Instrument

SGS Research Priorities Survey 3.0

Q1

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

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

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

Your responses will be kept confidential, and no data will be released or used with your identification attached. Your participation in the research is voluntary. You may choose not to answer any or all questions, and you may stop at any time. There is no penalty for not taking part in this research study. Please call Abby Schwartz at (252) 328-4209 if you have any questions, and if you have questions about your rights as someone taking part in research, you may call the East Carolina University and Medical Center Institutional Review Board (UMCIRB) at 252-744-2914. If you would like to report a complaint or concern about this research study, you may call the Director for Human Research Protections, at 252-744-2914. In addition, if you have concerns about confidentiality and privacy rights, you may phone the Privacy Officer at East Carolina University at 252-744-5200.

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



Q2. CATEGORY 1: Health & Well-Being

Below are topics about the health and well-being of older adults living in the South. Please score the importance of each topic on a scale of 1-5, with 5 being the most important. You may enter additional topics in the "Other" text box.

enter additional topics in the "Other" text box.	1 , 1				
	1	2	3	4	5
Chronic illness	0	\circ	\circ	\circ	\circ
Cognitive impairment/dementia	0	0	0	0	0
End-of-life care	0	\circ	0	\circ	0
Falls	0	\circ	\circ	\circ	0
Food insufficiency	0	\circ	\circ	\circ	0
Health disparities	0	\circ	0	\circ	0
Health literacy		\circ		\circ	\circ
Informal caregiver health		\circ	\circ	\circ	\circ
Issues of faith, religion, & spirituality		\circ		\circ	0
Mental Health		\circ	\circ	\circ	0
Nutrition		\circ		\circ	0
Oral Health		\circ	\circ	\circ	0
Palliative care	0	\circ	\circ	\circ	0
Other	0	0	0	0	0

Q2a. Please describe personal/professional experiences that influence your cho	oices above.



Q3. CATEGORY 2: Environment

Below are topics about the environments of older adults living in the South. Please score the importance of each topic on a scale of 1-5, with 5 being the most important. You may enter additional topics in the "Other" text box.

topics in the Other text box.	1	2	3	4	5
Accessible housing					
Affordable housing					
	0	0	0	0	0
Aging in place		\circ	\circ	\circ	\circ
Delivery services (e.g., food, commodities, prescriptions)	0	0	0	0	0
Disaster preparedness and recovery		0		0	
Food deserts		0		0	0
Health care deserts		0	0		0
Housing quality/security/sufficiency		0	\bigcirc	0	
Long-term care living options (e.g., independent living, assisted living, skilled care)	0	0	\bigcirc	0	\circ
Long-term services and supports (LTSS)	0	0	\bigcirc	0	
Options for respite	0	0	0	0	0
Personal safety and security		0	0	0	0
Rurality		0	\circ	0	
Shared living alternatives		0	\bigcirc	\circ	
Social isolation	0	0	0	0	0
Transportation		0			0
Other		0	\bigcirc	0	0

Q3a. Please describe personal/professional experiences that influence your cho	pices above.



Q4. CATEGORY 3: Society

Below are topics about societal issues concerning older adults living in the South. Please score the importance of each topic on a scale of 1-5, with 5 being the most important. You may enter additional topics in the "Other" text box.

additional topics in the "Other" text box.	1	2	3	4	5
Elder abuse/neglect/exploitation	0	0	\circ	0	0
Faith communities as a support resource		0	\circ	0	0
Immigration	0	0		0	0
Informal/family caregiving	0	0	0	0	0
LGBTQ issues and aging	0	0	\circ	0	0
Minority aging	0	0		0	0
Poverty and income inequality	0	0	\circ	0	0
Representation (voting access)	0	0	0	0	0
Status of refugees	\circ	0	0	\circ	0
Other	0	0	0	0	0

Q4a.	Please describe personal/professional experiences that influence your ch	oices above.



Q5. CATEGORY 4: Technology

Below are topics about the technological issues concerning older adults living in the South. Please score the importance of each topic on a scale of 1-5, with 5 being the most important. You may enter additional topics in the "Other" text box.

You may enter additional topics in the "Other" te	KL DOX.				
	1	2	3	4	5
Home assistance devices (e.g., virtual assistant/Alexa, cleaning robots/Roomba, security/Ring)	0	\circ	\circ	\circ	0
Internet access	0	\circ	\circ	\circ	0
Medical alerts (e.g., safety/Life Alert)	0	\circ	\circ	\circ	0
Mobile technologies (e.g., Smartphones, tablets, readers/Kindle)	0			\circ	0
Personal assistive technologies (e.g., hearing aids, glasses, grabbers)	\circ	\circ	\circ	\circ	0
Personal mobility aids (e.g., rolling walkers, scooters, electric wheelchairs)	0	0	0	0	0
Personal computers (e.g., laptops, desktops, software)	0	0	0	0	0
Surveillance and monitoring technologies	0	\circ	\circ	\circ	0
Telehealth	0	\circ	\circ	\circ	0
Virtual reality devices	0		\circ	\circ	0
Virtual communication (e.g., Zoom, Facetime, WhatsApp)	0		0	0	0
Wearable devices (e.g., activity tracker/Fitbit, step counter)	0	0	0	0	0
Other	0	0	0	0	0

Q5a. Please describe personal/professional experiences that influence your choices above.	



Q6. CATEGORY 5: Emerging Concerns

Within this category are issues results from the previous SGS Priority Survey pertaining to emerging concerns among older adults in the South. Using the slider, please rank the importance of each. Please score the importance of each topic on a scale of 1-5, with 5 being the most important. You may enter additional topics about Emerging Concerns in the "Other" text box.

text box.					
	1	2	3	4	5
Advanced care planning	\circ	\circ	\circ	\circ	\circ
Aging services workforce (e.g., size, capabilities, training)	0	\circ	0	\circ	0
Family separation and migration	0	\circ	\circ	\circ	\circ
Funding for aging programs	0	\circ	\circ	\circ	0
Income	0	\circ	0	\circ	0
Loneliness	0	\circ		\circ	\circ
Medicaid (e.g., eligibility, access, dependence, expansion)	0	\circ	0	\circ	\circ
Medicare (e.g., eligibility, enrollment, fraud)	0	\circ	0	\circ	0
Older adult employment	0	\circ	0	\circ	0
Opioid use and misuse	0	\circ	\circ	\circ	0
Retirement planning	0	\circ	0	\circ	0
Social Security (e.g., dependence, solvency)		\circ		\circ	0
Other		0	0	0	0

Q6a. Please describe personal/professional experiences that influence your choices above	<u>.</u>



Q7. In years?		he next 3
	n your opinion, what role should SGS play in addressing this priority (e.g., ed cacy, funding priorities)?	ucation,
Q9. Aı	Are you, or is your organization, an SGS member? O Yes, I am a member O Yes, my organization has a membership O No, I am not a member	
0 0 0 0	Policy maker Practitioner Researcher Retired Student Other	
	In what state do you reside? (Drop Down Menu) How do you define the geographic location in which you live?	
Q13. \	What is your gender identity? Male	
0	Female	
0	Trans	
0	,	
0	Prefer to self-describe (please state)	
0	Prefer not to say	



- o White
- o Black or African American
- o American Indian or Alaska Native
- o Asian
- o Native Hawaiian or Other Pacific Islander
- Two or more races
- Other (please state)
- o Prefer not to say

Q15. Ethnicity?

- Hispanic or Latinx
- Not Hispanic or Latinx

Q16

Thank you for your participation! If you would survey, please contact the SGS Executive Dire	•	results of this
admin@southerngerontologicalsociety.org. this survey.	We welcome any additional co	omments related to