

New Horizons in Aging: Advances in Research and Practice

**38th Annual Meeting
Southern Gerontological Society
Thursday – Sunday, April 6 – April 9, 2017**



DoubleTree by Hilton Hotel Asheville-Biltmore
115 Hendersonville Road
Asheville, North Carolina 28803
Hotel Toll Free Phone: (828) 274-1800

***Share your conference experiences at: #SGSEngage
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2017 MEETING SCHEDULE AT-A-GLANCE

THURSDAY, April 6, 2017

7:30am	8:00pm	Registration Open
8:00am	4:30pm	NCCDP Training Workshop*
11:00am	1:00pm	Exhibit Hall Set Up
11:00am	6:00pm	Silent Auction Intake
1:00pm	3:00pm	Mentorship Training Workshop – <i>all are welcome to participate</i>
1:00pm	4:30pm	Adult Abuse Education Workshop*
1:00pm	6:30pm	Exhibit Hall Open
4:00pm	6:00pm	Opening Board Meeting
4:00pm	6:30pm	Student Poster Set Ups Open
6:30pm	8:00pm	Opening Presidential Panel Session & Reception – “Applied Gerontology: Academic and Community Partnerships for Health”
8:00pm	9:30pm	Student Poster Session

**Pre-conference workshops require registration and may include fees not covered in the conference registration*

FRIDAY, APRIL 7, 2017

7:00am	7:45am	Exercise
7:30am	5:00pm	Registration Station Open
8:00am	5:15pm	Silent Auction Open <i>Closed from 10:30 to 1:30 for special sessions</i>
8:00am	9:30am	Poster Session II & Refreshments
8:50am	10:20am	Concurrent Sessions I
9:00am	4:00pm	Exhibits Open
10:30am	11:30am	Presidential Opening Address – “The Power of Place” with Dr. R. Turner Goins and Tom Belt
11:30am	1:15pm	Lunch & Learn - LGBT Training
12:30pm	5:30pm	Networking Lounge Open
1:30pm	3:00pm	Concurrent Sessions II
3:00pm	3:30pm	Session Break - Visit our Exhibitors & Silent Auction
3:30pm	5:00pm	Concurrent Sessions III
6:00pm	10:30pm	Presidential Gala & Awards Program* - A “Taste of Asheville” at the Venue of Asheville – Downtown

SATURDAY, APRIL 8, 2017

7:00am	7:45am	Exercise
7:30am	5:00pm	Registration Station Open
8:00am	9:30am	SGS Membership Business Meeting Breakfast
9:00am	4:00pm	Exhibits Open
9:00am	5:15pm	Silent Auction Open - Final Bids start at 5:15pm
9:30am	10:00am	Special Session Break – Visit Exhibitors & Silent Auction
10:00am	11:30am	Concurrent Sessions IV
11:30am	1:15pm	Join A Committee Luncheon Grab a bite and join a committee!
12:30pm	5:30pm	Networking Lounge Open
1:30pm	3:00pm	Concurrent Sessions V
3:00pm	3:30pm	Special Session Break – Visit Exhibitors & Silent Auction
3:30pm	5:00pm	Concurrent Sessions VI
5:15pm	5:30pm	SILENT AUCTION FINAL BIDDING
5:30pm	6:15pm	Student Meet & Greet
6:15pm	8:30pm	Local Area Dine Arouds La Zoom Tour loads at 6:15pm for ticketed guests
8:45pm	10:30pm	Come watch an “The Age of Love: It’s Never too Late to Date”

SUNDAY, APRIL 9, 2017

7:30am	12:00pm	Registration Station Open
7:45am	9:15am	Continental Breakfast
8:30am	9:30am	Concurrent Sessions VII
9:50am	10:50am	Concurrent Sessions VIII
11:00am	12:30pm	Council of Presidents Closing Session – “Gerontology & SGS: The View from the Backseat”
12:30pm	2:00pm	New Board Members Orientation Luncheon Meeting

**indicates that a ticket must be presented in order to attend this event. For conference attendees, their identification badge IS the ticket for entry. Additional tickets for guests may be purchased at the registration desk.*

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GIVING TO SGS

If you are financially able, please consider a tax-deductible donation to the Southern Gerontological Society. We would sincerely appreciate and are grateful for any level of support. You may make a donation by mailing a check made out to Southern Gerontological Society to:

Lee Ann S. Ferguson, Association Manager
Attn: SGS Student Support Scholarship
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**Gerontology
AND
Geriatric
Medicine**

SATURDAY, APRIL 8

7:00am – 7:45am	Yoga Stretch & Energize Session OR Walk Outdoors, Pool open for Water “wake up”.	Yoga in Stuyvesant Walkers meet in Tower Lobby by Registration
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Registration/Silent Auction/Exhibits/Lounge Schedule

7:30am-5:00pm	Meeting Registration	TOWER LOBBY
9:00am-5:30pm	Silent Auction Open	AMHERST
Final bids 5:15pm until tables are clear	<i>Final Bids start at 5:10pm End of Silent Auction: 5:30pm</i>	
9:00am-4:00pm	Exhibits Open	HOTEL GALLERY
12:30pm – 5:30pm	Networking Lounge Open <i>Sponsored by UNC at Charlotte</i>	JOHN CECIL BOARDROOM

Daily Meeting Sessions & Events

8:00am-9:30am	SGS Membership Business Meeting & Breakfast	BURGHLEY B
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The SGS Business Meeting is sponsored in part by Brookdale Senior Living

CONCURRENT MEETING SESSIONS IV

10:00am-11:30am

FEATURED SYMPOSIUM 3:

BURGHLEY A

(Track 6: Health, Wealth and Social Integration)

This symposium is sponsored by Music for Wellness

(63) An Interactive Approach to Research Advances and Clinical Applications of Music Therapy and MUSIC & MEMORY? for Older Adults Living with Dementia

Becky Watson, MBA, MT-BC | John Abel, MPH, LPMT, MT-BC | Deborah Ferris

Owner | Music for Wellness | LLC | Music Therapist at A.G. Rhodes Health & Rehab | Music and Memory

FEATURED SYMPOSIUM 4:

BURGHLEY B

(Track 6: Health, Wealth and Social Integration)

(64) Author Meets Critic: Hospital Land USA: Sociological Adventures in Medicalization

Wendy Simonds

Georgia State University

PAPER SESSION 5:

STUYVESANT

(Track 1: Transportation, Place, Space & Safety)

(65) The Driving Question: Who Do We Call About Grandma and Her Cadillac?

Anne Dickerson

East Carolina University

(66) Age, Health, and Driving Ability: Perceptions of Older Adults

Celeste Selwyn | Jaye L. Atkinson | Candace L. Kemp

Georgia State University | Georgia State University | Georgia State University

(67) The Study of Aging Population and Their Needs Living in Small Town, Upper Midwest

Farah Gilanshah

University of Minnesota-Morris

SHARED WORKSHOP 7:

VANDERBILT I

(Track 6: Health, Wealth and Social Integration)

(68) Engaged Learning: The Role of Community Partners in Gerontological Education

Cynthia Hancock

The University of North Carolina Charlotte

(69) Revitalizing a Gerontology Certificate Never Brought to Life

Summer Roberts

University of South Carolina Beaufort

PAPER SESSION 6:

VANDERBILT II

(Track 6: Health, Wealth and Social Integration)

(70) Leonard Cain and the Founding of the Life Course Perspective

Victor W. Marshall

Professor Emeritus | Dept. of Sociology | UNC at Chapel Hill

(71) Lessons from Preschool: Creating a Star-rating System for Assisted Living Facilities Inspired by Early Childhood QRIS

Thomas R. Konrad, Ph.D. | William E. Lamb, MSW | Kezia Scales, PhD. | Sheyna Sears, JD, MPH

Sheps Center UNC-CH | Friends of Residents in Long Term Care | Duke University School of Nursing | Friends of Residents in Long Term Care

(72) Residents' Perceptions and Experiences of Desire and Opportunity for Companionship in Assisted Living

Alexis A. Bender | Elisabeth O. Burgess | Christina Barmon

Emory University | Georgia State University | Central Connecticut State University

LUNCH BREAK: Join us and a Committee at our Committee Luncheon.

11:30am-1:15pm

BURGHLEY B

We are doing committee luncheons a bit differently from years past – please join us to hear about the various projects the committees are working on and how they need your help!

BAGGED LUNCHESES WILL BE PROVIDED

The following committee will present brief reports and pitches for new committee members:

- Awards Committee**
- Budget & Finance Committee**
- Bylaws Committee**
- Developments Committee**
- Student Committee**
- Senior Committee**
- Membership Committee**
- Publications Committee**
- Program Committee (2018 GGS/SGS Lake Lanier Conference & the 2019 40th Anniversary Conferences)**

The Southern Gerontological Society runs most effectively and efficiently with strong committee support and leadership. We are seeking interested members to come join the many important discussions that will impact the future of this organization.

Applications to join a committee will be made available at each table.

We are actively seeking new members for each committee but of special importance are potential PROGRAM COMMITTEE and DEVELOPMENT members who interested in helping to create the future annual conference programs.

CONCURRENT MEETING SESSIONS V**1:30pm-3:00pm****FEATURED SYMPOSIUM 5:****BURGHLEY A***(Track 5: Mental, Social, and Cognitive Health) - Sponsored by Riverside Health System***(73) ARTmail for Alzheimer's: Challenges and Discoveries in Delivering and Evaluating a Creative Arts Program for Seniors with Memory Symptoms***Sudha Shreeniwas | Lia Miller | Jeff Labban | Rachel Pennington | Neisha Washington | Caroline Tisdale | Pa Lor | Alexis Elliott | Tamara Groce*

Dept. of HDFS | UNC Greensboro | Exec Dir | Creative Aging Network NC | School of HHS | UNC Greensboro | GRO | UNC Greensboro | Dept. of HDFS | UNC Greensboro | Dept of SWK | UNC Greensboro | UNC Greensboro | Dept. of HDFS | UNC Greensboro | Dept. of HDFS | UNC Greensboro

FEATURED SYMPOSIUM 6:**BURGHLEY B***(Track 1: Transportation, Place, Space & Safety)***(74) The Power of Place: A Conversation with GRITS Honorees on SGS***Jo Ann O'Quin | Victor Marshall | Graham Rowles | Frank Whittington | Malcolm Cutchin | Jennifer Craft Morgan*

University of Mississippi | University of North Carolina at Chapel Hill | University of Kentucky | George Mason University | Wayne State University | Georgia State University

PAPER SESSION 7:**STUYVESANT***(Track 6: Health, Wealth and Social Integration)***(75) Family Caregiving Across Time & Space: Lessons from New Zealand***Dana Burr Bradley, PhD*

Western Kentucky University

(76) American and Korean Boomers: Sharing the Journey into Retirement*Janice I. Wassel, PhD*

Western Kentucky University

(77) Adult Foster Care as a Mechanism to Support Aging in Place in North Carolina*Kelly Munly*

Penn State Altoona

SHARED WORKSHOP 8:**VANDERBILT I***(Track 3: Physical Health and Wellness)***(78) Health Motivator Effectiveness Study***Becky Smith, Elaine Bowen, Gwen Crumb*

West Virginia University Extension Service

(79) Healthy For Life: Clinical - Community Models for Healthy Aging*Lori Schrodtt, PT, MS, PhD | Diane Saccone, MT(ASCP)*

Western Carolina University Chair | Health Promotion & Wellness SIG | YMCA of Western North Carolina

STUDENT PAPER SESSION 1:**VANDERBILT II***(Track 2: Diversity Spotlight)***(80) Aging in the United States: Experiences of the Former Soviet Union Immigrant Women***Polina Ermoshkina | Dr. Kate de Medeiros | Dr. Robert Rubinstein*

University of Illinois at Urbana-Champaign | Miami University | University of Maryland

(81) Community-Based Intervention: African-American Grandmothers Raising Grandchildren

Ethlyn Gibson, MSN, RN, ACNS-BC

Riverside Center for Excellence in Aging and Lifelong Health

(Track 1: Transportation, Place, Space & Safety)

(82) Redefining Autonomy: Why Richmond, Virginia Needs Autonomous Vehicles to Address Critical Transportation Inequities among Older Adults

Tom Nash

Tufts University

(83) Age and Perceptions of Access to Transportation and Health Care Resources

Eugenie Stephenson | Jennifer Craft Morgan | Chivon Mingo | Elisabeth Burgess

University of Maryland - Baltimore County | Georgia State University | Georgia State University | Georgia State University

SESSION BREAK – VISIT EXHIBIT & SILENT AUCTION 3:00pm – 3:30pm

CONCURRENT MEETING SESSIONS VI 3:30pm-5:00pm

FEATURED SYMPOSIUM 7: BURGHLEY A

(Track 5: Mental, Social, and Cognitive Health) - Sponsored by Riverside Health System

(84) Current Trends in End-of-Life Music Therapy

Lauren DiMaio | Cathleen Flynn | Noah Potvin

Queens University of Charlotte | CarePartners Hospice | University of Dayton

FEATURED SYMPOSIUM 8: BURGHLEY B

(Track 6: Health, Wealth and Social Integration)

This symposium is sponsored by AARP NC

(85) The Unity in Community: Highlighting Intersections of Age and Dementia Friendly Communities

Rebecca Chaplin | Alison Climo | Cathy Herbert | Michael Olender |

AARP NC | Consultant, Asheville | Gerontological Clinical Nurse Consultant, Asheville, NC | AARP NC

PAPER SESSION 8: STUYVESANT

(Track 4: Emerging Technologies)

(86) What Will They Do? Where Will They Go?--II: The Urban Neighborhood

Sherry R. Lind

Principal Investigator

(87) Factors Affecting Internet Use Among Older Adults

Carol McDonough

University of Massachusetts Lowell

(88) Design Thinking as a Strategy for Older Adults Solutions

Claudia B. Rebola | Elizabeth Hermann

Rhode Island School of Design | Rhode Island School of Design

PAPER SESSION 9:

VANDERBILT I

(Track 5: Mental, Social, and Cognitive Health) - Sponsored by Riverside Health System

(89) The Effect of a Lifestyle Intervention on Health-related Quality of Life in Older Adults with Hypertension

Mei-Lan Chen | Jie Hu | Thomas McCoy | Susan Letvak | Luba Ivanov

Georgia State University | Ohio State University | University of North Carolina at Greensboro | University of North Carolina at Greensboro | Chamberlain College of Nursing

(90) Addressing an Invisible Epidemic: Older Adults and Alcohol Abuse

Sara E. Andrews

University of North Carolina at Charlotte

(91) How New Health Occupations Come To Be: Explorations in the Socio-political Ecology of the Health and Eldercare Workforce.

Thomas R. Konrad, Ph.D.

STUDENT PAPER SESSION 2:

VANDERBILT II

(Track 6: Health, Wealth and Social Integration)

(92) Attitudes Towards One's Aging: The Influence of Perceived Socioeconomic Status and Income

Alaina English | Shevaun D. Neupert

NC State University | NC State University

(93) Impact of a Senior Center on Participants and Its Implications for Future Research and Policy

Amanda Thomas

University of North Carolina at Charlotte

(Track 3: Physical Health and Wellness)

(94) Structure of Physical Activity Regarding Energy Expenditure and Sleep Quality in Community-dwelling Older Adults

Ali Wilcox

University of North Carolina Charlotte

(Track 5: Mental, Social, and Cognitive Health) - Sponsored by Riverside Health System

(95) Still Alice: a Comparison / Contrast of the Book and Movie with Recommendations for Support Groups

Jared Bullock

Barton College Gerontology Program

5:15pm-5:30pm

SILENT AUCTION ENDS:

AMHERST

Closing bids start at

5:15pm, all tables cleared

by 5:30pm

Come make your final bids! Payments accepted in cash, check, or major credit cards.

Student Meet and Greet at TGI Fridays

5:30pm - 6:15pm

**Local Area Dine Arouds
Or LaZoom Bus Tour**

**6:15pm-8:30pm
6:15pm – 8:00pm**

Enjoy the local eateries with some of SGS’s most engaging hosts! Sign up for your choice of dinner and company (Sign-up sheets are at the registration area). Dine-Arounds are always a fun way to get to know other attendees and take in the local culture that Asheville has to offer.

ALL DINE AROUND GROUPS WILL MEET AND LEAVE FROM THE TOWER GALLERY NEAR THE BURGLEY PRE-CONFERENCE AND REGISTRATION AREA.

Other than the option to remain at the TGIFridays restaurant, which is on DoubleTree property, all dine arounds will be held in the Biltmore Village. The Village is within 5-15 minute walking distance from the hotel. For those guests with mobility challenges, please talk with the SGS registration booth for alternate transportation arrangements. The hotel shuttle will, with previous reservation, shuttle guests to and from the Village for a small fee.

For those attendees who have pre-purchased tickets to the **LaZoom comedy bus tour**, the bus will arrive at the back of the hotel, outside of the tower lobby by the reservation desk. Loading will start between 6:00 and 6:15pm. **The bus will depart promptly AT 6:30pm.** *This is a PG-13 rated tour.* No children under 13 will be permitted on this bus tour. The tour will bring guests back to the hotel at 8pm.



Attendees are also welcome to head out on their own for dinner, but be sure to be back for the entertainment you WILL NOT WANT TO MISS!

8:45pm – 10:30pm

**MOVIE NIGHT
“AGE OF LOVE”**

STUYVESANT

Come join us in the STUYVESANT ROOM for movie night! SGS will be holding a special screening of the movie “AGE OF LOVE”. A lively after-movie discussion will be held.

Movie synopsis: THE AGE OF LOVE follows the humorous and poignant adventures of thirty seniors in Rochester, NY who sign up for a first-of-its-kind speed dating event exclusively for 70- to 90-year-olds. From anxious anticipation through the dates that follow, it's an unexpected tale of intrepid seniors who lay their hearts on the line, and discover how dreams and desires change—or don't change—from first love to the far reaches of life.

This is documentary will be a special treat for all conference attendees. Guests of attendees are welcome!

\$5.00 at-the-door donations are requested and will be used to further fund the SGS Student Support Scholarship Fun.



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Braselton, GA
July 24 – 26, 2017**



WARMLY WELCOMES

Dr. Jennifer Craft Morgan
Georgia State University
Gerontology Institute

as the

**2017-2017
SGS President**

SUNDAY, APRIL 9

7:30am-12:00pm Meeting Registration TOWER LOBBY

7:45am-9:15am Continental Breakfast BURGHLEY PREFUNCTION

CONCURRENT MEETING SESSION VII 8:30am-9:30am

WORKSHOP INTENSIVE 1: BURGHLEY A

(Track 3: Physical Health and Wellness)

(96) Dealing with Dementia: Building Expert Consultants on Dementia in the Home Care Arena

Leisa Easom, PhD, RN | Ke Wang, PhD

Rosalynn Carter Institute for Caregiving | Georgia Southwestern State University | Americus | GA

WORKSHOP INTENSIVE 2: BURGHLEY B

(Track 5: Mental, Social, and Cognitive Health) - Sponsored by Riverside Health System

(97) Methodological Innovation, Human Cognition, and Aging: A Changing Landscape

Jim Mitchell

East Carolina University

WORKSHOP INTENSIVE 3: STUYVESANT

(Track 5: Mental, Social, and Cognitive Health) - Sponsored by Riverside Health System

(98) A Strategy to Increase Volunteer Respite Care for Older Adults among Communities of Faith

Daniel R. Hedgpeath

Home Instead Senior Care

WORKSHOP INTENSIVE 4: VANDERBILT I

(Track 2: Diversity Spotlight)

(99) Writing as Inquiry for Student Self-Understanding and Integrity in Gerontology Studies

Kelly Munly | Gresilda Tilley-Lubbs

Penn State Altoona | Virginia Tech

SESSION BREAK 9:30am – 9:50am

CONCURRENT MEETING SESSION VIII 9:50am-10:50am

WORKSHOP INTENSIVE 5: BURGHLEY A

(Track 3: Physical Health and Wellness)

(100) Cultivating a Retaliation-Free Environment

Laurie Abounader | Lindsay Tice

Regional Ombudsman | Centralina AAA

WORKSHOP INTENSIVE 6: STUYVESANT

(Track 5: Mental, Social, and Cognitive Health) - Sponsored by Riverside Health System

(102) Using a Positive Physical Approach” (PPA) to Care Workshop for Health Care Professionals using Teepa Snow Curriculum

Becky Watson

Music4Wellness

WORKSHOP INTENSIVE 7:**VANDERBILT I***(Track 5: Mental, Social, and Cognitive Health) - Sponsored by Riverside Health System***(103) Supporting Persons with Dementia: The Use of Improv and a Review of National and State Policies***Jodi Teitelman, Ph.D | Christine Jensen, Ph.D | Karen Stobbe | Mondy Carter*

Virginia Commonwealth | Riverside Center for Excellence in Aging and Lifelong Health | In the Moment | In the Moment

WORKSHOP INTENSIVE 8:**BURGHLEY B***((Track 3: Physical Health and Wellness))***(104) Healthy Aging NC: A Vision for the Future”***Ayden Jones, B.S. | Jeanne Dairaghi, M.A.*

Fall Prevention Program Manager at UNC Asheville’s NC Center for Health and Wellness and Chair of the WNC Fall Prevention Coalition / Chronic Disease Self-Management Program Manager at UNC Asheville’s NC Center for Health and Wellness

aojones@unca.edu

BREAK**10:50am-11:00am****11:00am-12:30pm****Council of Presidents (COPS)****BURGHLEY A****Closing Session****“GERONTOLOGY AND SGS:****THE VIEW FROM THE BACK****SEAT”**

Join our SGS Past Presidents in the discussion regarding offer observations and suggestions, drawing from their “back seat position” defined by how long they have been along for the ride with SGS, and the speed and direction in which the journey of gerontology has been moving.

Gerontology as an emerging academic discipline with SGS and its mission have been moving in the direction of legitimation marked by expansion of degree-granting educational programs and theoretical and methodological maturity. Will this forward motion present conundrums marked by unanticipated and unrecognized consequences? For example, where will this forward motion position gerontology along a continuum with intellectual creativity at one end and intellectual stagnation at the other? Where will SGS be positioned along a continuum with scholarship defined by an academic audience at one end and scholarship defined in academic and community partnership at the other? The panel of past presidents will address these issues including a discussant’s assessment of gerontology and SGS 10 and 20 years down the road.

12:30pm-2:00pm**SGS New Board Member
Orientation and Luncheon****VANDERBILT I**

ABSTRACTS

*These abstracts reflect content as submitted by the authors.
We apologize for any errors that we may not have found to
properly edit.*

(1) Video Communication with Cognitively Intact Nursing Home Residents: A Scoping Review

Amy M. Schuster | Elizabeth G. Hunter
University of Kentucky | University of Kentucky
amy.schuster@uky.edu | beth.hunter2@uky.edu

There is limited research examining the use of video communication among nursing home residents as a way to connect with family. In this scoping review we evaluated the existing literature for video communication usage with nursing home residents, their family, and within the nursing home environment. A comprehensive search was completed using PubMed and EBSCOhost (including AgeLine, CINAHL, PsycINFO) between 1972 -2016 to locate English-language articles. The analysis identified six eligible studies that met the inclusion criteria of cognitively intact nursing home resident, family, and video conferencing. Of the six studies identified, five involved a video communication intervention and one assessed family views about video communication. Current literature does not show a comprehensive assessment of video communication usage for residents, their family and the nursing home. Future studies should address the complexity of the intersection of the person, the nursing home and the families in terms of potential benefits and capability of video communication use with residents.

(2) Interactive Music During Bathing Activities for Persons with Dementia

Anna Laura McAfee | LaVona Traywick
University of Central Arkansas | University of Central Arkansas
amcafee1@cub.uca.edu | lavonat@uca.edu

Dementia rates are rising; therefore novel ways to address the problem are needed. Although literature is limited for music therapy and activities of daily living, using music with individuals with dementia is shown to have positive effects. This study looks at how interactive music during bathing activities impacts the relationship between family caregivers and patients with dementia. Participants will be family caregivers that stay in the same residence as the individual with dementia per a physician diagnosis. The intervention will allow each caregiver to have a specified song to signal the bathing activities. They will use the song for every bathing activity for four weeks, recording general affect before, during, and after the activity in the provided log. The pre- and post-interviews will be recorded, transcribed, and analyzed for emergent themes. It is my hypothesis that the loved one will begin to associate the music with the bathing activity, making the activity an easier and more positive experience.

(3) Music & Quality of Life: A Self-rating of QoL from Adults after Listening to Their Favorite Music.

Sabrina Andrews | Pamela Pitman Brown
Winston-Salem State University | Winston-Salem State University
andrews.sabrinam@gmail.com |
pamelapitmanbrownphd@gmail.com

The purpose of this study is to examine how music influences mood and quality of life. Results indicate that listening to music one enjoys, increases their happiness or influences their mood, which in turn improves their quality of life. Similar to Brown (2012), this project utilized SurveyMonkey as a survey tool, and Facebook as a recruitment tool. After consent, participants were asked to choose genres of music they enjoy listening to, how often they listened to music they enjoy, as well as if they share the same enjoyment of music genre with their partner/significant other. Using a *Module Six: Satisfaction* within Sloan & Irvin's 2007 "Money Follows the Person Quality of Life Survey," participants were asked about their general happiness. Recruitment of study participants focused on individuals across the lifecourse via snowball sampling and convenience. Data collection took place in fall 2016 and the survey was only open for one week, as this was a class project. Preliminary findings indicate that participants who listened to music they enjoyed, expressed greater levels of happiness and mood. Only one individual indicated they seldom were able to listen to music they enjoyed. Limitations to the study were gender based as the survey participants were predominately women. The time limit of the survey and the use of the free version of SurveyMonkey limited the number of questions that could be asked to ten, including the consent question. Thus, race/ethnicity and education data was not collected.

(4) The Effect of Laughter on the Life Satisfaction of Older Married Couples

Christin N Boykin | Pamela Brown
Winston-Salem State University | Winston-Salem State University
cboykin114@rams.wssu.edu | pamelapitmanbrownphd@gmail.com

This pilot/class study is based on the concept that laughter positively affects life satisfaction and the relationship between older married couples. Previous studies indicate the benefits of laughter being used in marriage/relationship, but there is a lack of research on laughter/humor in elderly marriages. This pilot study examines correlation between laughter and the life satisfaction of older (over 40), heterosexual married couples, via convenience sample. Using a modification of the Satisfaction with Life Survey (1985), a pre-test was administered. Couples then participated in a laughing exercise, utilizing the following methods: sharing a time when they both laughed together or a time when they were apart, but the experience made them laugh, watching a short humorous YouTube clip, and hearing a joke together. A post-test was administered. While participants were both African-American and Caucasian, all were from North Carolina and live within a 10 mile radius of each other. The ages range for each spouse from all of the couples were between 40 and 70. Length of marriages range from 17 to 48. Findings indicate the one session did not substantially changing the couple's perception of life satisfaction, but the session did increase happiness, and increase the feeling of the couple being closer for 6 of 8 spouses.

(5) Student Experiences of Interprofessional Training for Social Work Leadership in Healthcare

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Social work is a critical component of the healthcare system, providing social support, psychosocial interventions, and connecting clients to resources to support community-based successful aging. Among the initiatives to increase the workforce, the Council for Social Work Education and the National Association of Social Workers (NASW) have sponsored a grant-funded training program in ten universities across the United States. At the University of Central Florida, the Healthcare Education And Leadership Scholars (HEALS) program supports four students (two undergraduate and two graduate-level social work students) per year for each year of the five-year award. Our HEALS scholars have provided more than 36 hours of clinical support at the free health clinic run by our College of Medicine, providing both patient care and interprofessional team learning opportunities to students in medicine and pharmacy; by the end of the year, they will have engaged with the NASW national and state offices to advocate for critical healthcare policy issues at both the state level (in Tallahassee, FL) and national level (in Washington, D.C.), and will have participated in quarterly interprofessional training events with students from five health professional programs that bridge two major universities. This set of opportunities not only provides these students with a professional network of colleagues who will be graduating and going into practice in our region, but develops a skill set related to advocacy and policy analysis that will continue to be critical on the national stage in the coming years. This poster shares student outcomes and perceptions of learning.

(6) Here But Not Here: Dementia, Family Caregivers, and Ambiguous Loss

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In the context of dementia caregiving, ambiguous loss refers to the challenge of caring for an individual who is physically present but cognitively absent. A family caregiver of a person with dementia faces the loss of dreams and plans for the future, the loss of a confidant, the loss of shared roles and responsibilities, and the progressive losses in the life of the individual with dementia. Research suggests that coping with ambiguous loss may be more challenging than coping with the actual demands of caregiving (Alzheimer's Society of Canada [ASC], 2013). Caregivers experiencing ambiguous loss have no closure, lack social validation, and may receive limited community support. The ambiguous loss of a loved one may trigger feelings of isolation, depression, and anxiety on the part of the caregiver and increases the risk of poor self-care, physical illness, or substance abuse (Family Caregiver Alliance, 2008). Professionals can help caregivers understand and manage feelings of ambiguous loss, identify ways to replenish energy levels, improve self-care, and increase personal resilience while they continue to provide care for the person with dementia (ASC, 2013). The aim of this poster is to increase awareness among students and professionals regarding the experience of ambiguous loss and its effect on the wellbeing of family caregivers of persons with dementia. The poster will introduce the definition, causes, and negative impact of ambiguous loss and will identify symptoms of caregiver stress. Finally,

presentation handouts will serve as a practical guide for promoting physical and emotional wellness among family caregivers.

(7) I Will Not Be Ignored; Double Jeopardy among LGBT Minorities

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Though in the past year tremendous progress has been made in the LGBT community. Our legal and health care system continues to deny and even ignore challenges faced by individuals in homosexual relationships, especially problems in terms of institutional arrangements, housing options, and availability of health care among the LGBT aging population. Though state legislation's differ between homosexual and heterosexual rights; Physical, emotional, mental, spiritual, and social needs are critical to the health of all individuals. Social Workers, Health Care providers, and the aging network must learn to separate their bias mentality in order to focus solely on giving adequate care to every individual regardless of race or sexual orientation.

However, minority LGBT individuals tend to receive even less support, resulting in greater challenges due to the lack of acceptance within their own racial and ethnical identities. Research shows that elder minority LGBT individuals are often leery of health care and social services due to past discrimination actions and prejudice. Through research and statistical data, elder LGBT minority groups tend to refer from using health care and social services more than non- minority LGBT individuals.

This presentation examines the unique challenges faced in our legal and health care system in the LGBT community by age and persons of color. Through connections and demographics, we hope to raise awareness to the discrimination of individuals based on their orientation and race through the perspective of minority LGBT cultures.

(8) OT Students' Knowledge of Aging and Anticipated Professional Population Choice

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At the same time that the number of senior adults in the United States is steadily rising, there is also a rising shortage of allied healthcare professionals. With IRB approval, forty-eight first year, first semester Occupational Therapy students were administered the *Facts on Aging Quiz* (Breytspraak, L. & Badura, L., 2015). Additional questions regarding year of birth and anticipated employment were also asked. Results showed that first year OT's students' knowledge of aging was poor (66% average score), regardless of their age, preference of population of choice for work, or how long it took them to take the test. There was a significant difference ($p > .05$) between the students' knowledge of the normal aspects of aging and the psych/social aspects of aging, and the normal aspects of aging and demography of aging. The majority of students stated that their population of choice would be pediatrics. Based on these study results, more emphasis needs to be placed in gerontological literacy for new OT students.

(9) Development of the Emergency Department Senior Abuse Identification (ED Senior AID) Tool

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Background: Elder abuse (EA) is a national health problem with a prevalence of 10% in community-dwelling older adults and up to 50% in those with cognitive impairment. Victims of EA frequently visit the emergency department (ED), but identification of abuse in the ED is challenging. The goal of this study is to describe the development of a screening tool to identify elder abuse.

Methods: An expert panel of physicians, nurses, and social workers developed the framework for the screening tool. Literature reviews identified methods for assessing cognitive impairment, asking about elder abuse, and examining for signs of abuse. Nurses administered a draft screening tool on a diverse sample of ED patients aged 65 years and older. Feedback on linguistic validity and usability was elicited using the questionnaire appraisal system. Subsequent changes were made using this feedback.

Results: Pilot data collected from patients informed progressive refinement of the ED Senior AID tool. The final questionnaire consists a cognition assessment (4 questions), safety questions (7 questions), and an assessment of the ability to report abuse. Of 26 participating patients, 3 (12%) were identified as being at high risk for abuse. After further questioning, EA remained a concern and adult protective services was contacted for one of these three patients (4%).

Conclusions: An iterative process was used to develop a tool to identify ED patients at high risk for EA, using literature review, expert opinion, and patient feedback. The tool differentiated high-risk patients from others. Subsequent work will determine the tool's validity and utility.

(10) Emergency Room Hospitalization and Residents Demographics of Assisted Living Facilities

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Growth of Assisted Living Facilities is likely to continue with aging population requiring supportive care. This study used data from the National Survey of Residential Care Facilities to describe emergency room utilization by residents from Assisted Living Facilities in the United States. I examined the distribution of residents' demographic characteristics and compared with the Emergency Department visits to identify significant predictors.

There were 1060 individuals in the study population. Majority of residents were female (66%). Alzheimer's and other dementia was more prevalent in residents (41.4%). However, residents who have Chronic Obstructive Pulmonary Diseases and other allied respiratory conditions ($M=0.83$, $p<0.001$), and Heart disease ($M=0.679$, $p<0.001$) were likely to have more ED hospitalization. Residents with history of falls ($p<0.001$) and those having COPD and other allied respiratory conditions ($p<0.001$) are significant predictors for Emergency Room hospitalization.

(11) The Bridge

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In our world today, Alzheimer's Disease is a serious and complicated illness that is becoming more prevalent due to both early diagnoses and the fact that people are now living longer. Alzheimer's is a form of dementia and results in impaired memory and mental deterioration. There is no cure for Alzheimer's, but there are medications that can help slow the progression. After a diagnosis of Alzheimer's, many people are left feeling lost and overwhelmed. Many doctors that diagnose the disease offer little to no support for the patient and/or their families. While resources are available, many people are unaware of how to obtain the information needed. Resources and support are especially difficult for patients who may not have access to the internet. Families and caregivers may not understand what their loved one is going through and that the actions and behaviors are due to this disease.

The Bridge aims to serve as a link between an initial diagnosis of Alzheimer's and the first step to acquiring resources for patients, families, and caregivers. The Bridge will present insight into Alzheimer's disease, and how they can help a person affected by it. This will be a simple, yet informative guide, giving suggestions of what to do after a diagnosis of Alzheimer's. It will include a definition of Alzheimer's, along with first-step resources for patients, families, and caregivers. The goal of The Bridge is to try to alleviate some of the burden of finding resources for a growing population dealing with Alzheimer's.

(12) Making Sense of It All: a Retrospective Analysis of Long-term Care from a New Gerontology Academic

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Studying gerontology offers the opportunity to reflect on life experiences from the perspective of an older individual. The experience of working in a long-term care setting can be even more profound. As a first year, non-traditional gerontology student, I have found integrating the content of my courses to my work in long-term care has provided new insights into those experiences. In this presentation I offer the fresh perspective of a new gerontology major revisiting years of work in a long-term care setting. What content has been beneficial, and what questions remain, and how the interplay of experience and theory blend to form new insights is shared in an introspective analysis.

(13) Elder Institutional Abuse: An Examination of Professionals and Residents on Safety Concerns and Reporting Elder Abuse Claims

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The proposed study will indicate the specific need of reporting elder abuse claims and the perspectives of professionals and residents in assisted living facilities (ALFs) and other long-term care facilities (LTCs). With the immense growth of the older adult population, there is a likelihood of more older adults inhabiting ALFs and LTCs, therefore leading to a rise in elder abuse cases. The research will further examine the dire need for further study on elder institutional abuse. With the use of in-depth interviews with professionals and residents in multiple communities, professionals will be questioned on their awareness and knowledge of protocols, elder abuse indicators, and why they may or may not report elder abuse claims. Residents will be questioned on how likely they are to report potential cases, their understanding of elder abuse, and the gravitas of the issue.

(14) Alzheimer's Disease Messages on YouTube

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An estimated 5.4 million Americans are living with Alzheimer's disease (AD) in 2016. YouTube is a popular platform for disseminating health information, however, little is known about messages specifically about AD being communicated through YouTube. This study aims to understand the characteristics and content of YouTube videos about AD.

We searched YouTube using the term "Alzheimer's Disease", and collected videos uploaded between 2013 and 2015, in English, and less than 10 minutes. Descriptive statistics were used to examine video characteristics and content, mobilizing information (cues to action), and number of views. Associations between variables were examined using chi-square and Fisher's exact tests. One-way ANOVA was conducted to compare number of views across content focus areas.

Among the 271 videos retrieved, most featured White speakers (89.8%). More videos were uploaded by non-profit organizations (25.5%) compared with other organization types. Videos mainly focused on AD symptoms (30.6%), causes of AD (29.5%), and treatment (28.0%). Fewer videos were about quality of life of people with AD (12.5%), though these videos had more views than videos that did not focus on this content ($p=.011$). Only 37.0% of videos included mobilizing information. Videos focused on AD symptoms were significantly less likely to include mobilizing information than videos without AD symptoms (27.7% vs. 41.0% respectively; $p=.03$).

We found a gap between viewers' interest and available information on YouTube and a lack of mobilizing information. Videos would be more beneficial if they deliver messages that meet users' needs and include information that can direct people to additional resources.

(15) Mindfulness and Awareness of One's Own Aging

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Background: Mindfulness is a state of nonjudgmental awareness of one's internal and external environment in the present moment. In contemporary psychology mindfulness is often praised as an effective method for dealing with feelings of anxiety, stress and depression. Multiple studies have found that mindfulness can lead to increased psychological well being. We investigated how mindfulness affects awareness of age related changes in older individuals.

Method: 116 participants took part in the MACE (Mindfulness and Anticipatory Coping Everyday) study and were recruited through Amazon's Mechanical Turk. The participants took part in our study by answering our survey questions for nine consecutive days.

Measures: Daily Mindfulness was measured with a 15 item checklist adapted from the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003). Awareness of age related changes, both positive and negative, were measured using a shortened version of the AARC questionnaire (AARC-20; Brothers, Miche, Wahl, & Diehl, 2015).

Results: Results from multilevel models suggest that daily mindfulness correlated with increased awareness of age related losses, yet had no similar relationship with the participants' awareness of age related gains.

Discussion: Our results seem to indicate that increased mindfulness in older adults heightened their awareness of the negative effects of aging. Studies into mindfulness and resilience in older adults could help to further explore this potential counterexample to the psychological benefits of mindfulness. It is also unclear as to why there was no corresponding increase in the awareness of age related gains.

(16) Ageism and Healthcare: How Age Discrimination Can Impact Senior Adults' Health

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The term "ageism" was first coined in 1969 by Robert Butler, an American psychiatrist. Ageism, especially when unacknowledged, can negatively impact the quality and type of healthcare a senior adult receives. An older adult may not be offered certain diagnostic tests, medical procedures or preventive screenings due to biases by the physician. Additionally, ageist stereotypes that are internalized by an individual can have detrimental effects on one's cognitive, emotional and physical well-being. Unlike sexism or racism, ageism is the one form of discrimination that each of us can experience if we live long enough. Given the rapidly growing aging population, it seems critical to study the potential impacts of ageism on the field of healthcare, including the limited number of geriatric physicians, the effects of doctor's negative ageist biases, disparities in both access to treatment and quality of care, the lack of representation of senior adults in pharmacological studies, and the possible negative influences of ageist self-stereotyping. A review of

the literature and research related to these topics will be presented and discussed within the broader framework of a lifecourse perspective, with recommendations for modifications in policy and education offered.

(17) DNP Led Community-Based Intervention for Custodial African American Grandmothers

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Current statistics report there are more than two million African-American grandmothers serving as custodial caregivers for their grandchildren in the United States. Virginia is no different and in fact these statistics bears true in the community of Newport News. African-American grandparents of children attending the Achievable Dream School (elementary division) will be focus of this community based intervention led by a doctorate of nursing practice (DNP) advanced practice nurse. These caregivers face a multitude of challenges to include health and financial difficulties, in addition to raising another generation of children. African-American grandparent caregivers are typically between the ages of 45-59, are more likely to live in poverty, living with two or more chronic diseases, and experience greater levels of stress than other grandparent caregivers. Project Healthy Grandparents is an evidenced-based program, initially developed on the campus of Georgia State University by Susan Kelley PhD, with a focus on improving the health of grandmother caregivers to allow them to be active partners in caring for school-aged grandchildren. Replication of an arm of this program in Virginia program brings together community partners to work together in delivery of care in the community and address health care needs of the grandmother in a smaller urban setting in the school-based clinic. These unique caregivers may benefit from development of a community-based intervention with a focus on improving health indicators and promotion of healthy behaviors. The aims of the of the community based intervention would focus on improving management of type 2 diabetes mellitus and hypertension during visits to the school-based clinic at the Achievable Dream School lead by an advanced practice DNP nurse. The proposed community-based intervention would provide an advanced practice DNP nurse to provide the short term case management services such as: 1) conduct health assessments, 2) educated grandmothers on individual risk factors, 3) develop goals to reduce risk factors, 4) reviewed prescribed and over-the-counter medications and 5) develop shared goals to address health concerns.

(18) Concept Analysis of Quality of Life among Caregivers of Persons with Dementia

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Background: The QoL of caregivers of persons with dementia has not been clearly understood, even though dementia is an epidemic and the importance of caregivers is more crucial. Caregiving duties involve significant strains and result in a considerable reduction in the caregivers' QoL. Better understanding of QoL concept can create more effective interventions for enhancing QoL. The aim of

this study is to clarify the meaning of quality of life (QoL) among caregivers of persons with dementia.

Methods: Walker and Avant's (2011) method guided this concept analysis study. For data sources, fourteen empirical studies published from 2006-2016 were selected by searching four electronic databases (Ovid, CINAHL, PsycINFO, and Google Scholar). Search terms included 'caregivers,' 'dementia,' and 'quality of life.' Clinical experiences in nursing practice with caregivers were used for constructing cases and their implications.

Results: QoL among caregivers of persons with dementia had four defining attributes: (1) The health status of the care-recipients, (2) caregivers' physical and psychological health perceptions, (3) caregivers' personal strengths, and (4) caregiving contextual features. Specific antecedents were identified for each of the four attributes and positive/negative consequences were provided. Caregivers' improved QoL can result in satisfaction and empowerment towards caregiving duties.

Conclusion: Reinforcing caregivers' personal strengths and assessing their health will support the caregivers, ultimately achieving in successful care for dementia patients. Future study should include an expanded definition and a wide-range of studies to reflect overall caregiving and in-depth perspectives of QoL concept.

(19) ADL Skills-Training for Family Caregivers: Exploring Needs and Intervention Programs

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The current healthcare policy environment and the increasing costs of care have led more and more older adults and persons with disabilities to rely on family caregivers. While family caregivers are the pillars of "aging in place", the burden of caregiving can negatively impact the health and quality of life of both, the care recipient and the caregiver. Much of the literature on caregiver burden focuses on the psycho-social impact of caregiving. Previous research has often dismissed the physical burden associated with activities of daily living (ADL) based on self-reported measures. Limited information is available about the physical demands associated with providing support for self-care tasks like transfers, bathing, toileting, etc., the risk of musculoskeletal injuries, and the relation to psychological stress. Caregivers are often overwhelmed due to lack of knowledge and training. This can compromise the quality of care and safety of the older adult. With physical assistance for ADL tasks constituting a large proportion of caregiving responsibilities, the burden associated with ADL tasks and the intervention programs available need to be explored. Limited training is provided by occupational therapists for caregivers of older adults undergoing rehabilitation. More structured, regular, and hands-on physical capacity assessments followed by ADL skills training sessions are necessary for caregivers. Evidence-based programs for caregiver ADL skills training need to be established keeping in mind the caregiver's health status, care recipient's functional outcomes, and long-term cost-benefits.

(20) The Impact of Everyday Activities on Engagement for Persons with Moderate to Severe Dementia

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Alzheimer's disease is the most common form of dementia, with new cases expected to increase by 35 percent by the year 2030 (Alzheimer's Association, 2015). Everyday activities have shown to have a positive impact on those with dementia because they focus on skills of daily living, which are rewarding since they help establish feelings of autonomy (Dechamps et al., 2011). Everyday activities have been shown to increase engagement levels; however, current research lacks standardization in the way tasks are delivered and the manner in which engagement has been observed (Judge, Camp, & Orsulic-Jeras, 2000). The present, within-subjects study is currently assessing engagement levels of two individuals with moderate dementia throughout the delivery of a painting activity. Engagement is assessed by how much time the participant spends actively participating in the activity with the researcher. Time series data regarding engagement is collected by two researchers, at 15-second intervals for 15-minute sessions, three times a week for five consecutive weeks. This study has primary implications for individuals who work closely with persons with dementia in both long-term care facilities and in the home. The results from this study will be a first step toward standardization of activities and eventual tailoring of activities to meet the individual daily needs for persons with moderate to advanced dementia.

(21) Stigma among Korean-American Family Caregivers of Persons with Dementia: Impact and Coping Strategies

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Stigma has a negative effect on family caregivers' quality of life, by hindering their help-seeking behaviors to get a diagnosis promptly and to seek supportive services throughout the course of the disease trajectory. It is likely more prominent among Korean-American caregivers due to the different cultural background, that is, the influence from Confucianism such as filial piety or familial harmony. The current study examines the impact of stigma among Korean American caregivers of persons with dementia, using semi-structured, in depth interviews. Preliminary results will focus on the development of the interview protocol tailored to a Korean cultural context, while also describing the perception of stigma and its impact on the caregivers. Designing a high-quality intervention, that is also culturally relevant, to decrease the impact of stigma, is crucial to improving the quality of life of minority caregivers, especially among those groups with a different cultural context.

(22) First Responders Serving the Older Adult Population

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With the rapid rise of older adults in our society, due to the baby boomers moving into the later years of their life, the United States is expected to have an older adult population that makes up more than 20 percent of our overall population by year 2030 when the youngest of the baby boomers reach age 65. There are a myriad of challenges with having a surge of older adults enter into their later years. One result is the number of requests for Emergency Medical Services that will inevitably continue increasing with the rise of this population. The demands for EMS assistance will be tremendous and the types of services that need to be provided will be unique due to the diversity of this older adult population. This research dives into these aforementioned issues and examines the inadequate awareness, education and training that first responders receive in their initial trainings. It also promotes discussion around the possibility of ways in which we can train our first responders in order to raise awareness of this elder boom population and the challenges it will present in regards to our emergency medical system. The hope is that this can better prepare first responders on how to respond to older adults in times of emergency.

(23) Cross National Study on Building Aging Communities in Japan and the U.S.

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With a rapidly aging population, there exists a need to explore how members of different communities respond to the support systems in place and their thoughts about daily life in their perspective communities. This case study focuses on how one Japanese (site 1) and one American (site 2) aging communities' support networks are built. Moreover, attention is given to how technology affects the lives of the residents, whether it is used for contacting friends and family members, gathering information, or other purposes. The objective of this cross-cultural, mixed method study is to gain a better understanding of different structures and cultures of aging in place communities and how they play in maintaining relationships between members of the community. The results of this study suggest that the participants mainly rely on phone and e-mail for communication with friends and family. In addition, participants talk to neighbors as the main method for staying connected to the community. Issues of mobility and transportation are shared among both communities, although in different aspects. In site 1, participants have relatively convenient public transportation options but old building structures at home are obstacles to mobility. On the other hand, participants at site 2 lack the option for convenient public transportation and a good driving environment, making access difficult for those who cannot drive. The result of the study demonstrated a need for more adequate community and governmental support for older adults aging in place, particularly in the area of transportation and mobility.

(24) Health Motivator Program

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Living a healthy lifestyle is important at every stage of life; however, few health promotion programs are marketed to older adults. Older adults, especially in rural areas, have difficulty accessing many tools that lead to a healthy lifestyle such as a safe place for physical activity, healthy food options, and the latest health information specific to their demographic. The Health Motivator Program is a participant led program that was started in 2008 to provide solutions to these problems. This program was originally implemented in West Virginia Community Educational Outreach Service (CEOS) clubs, and although it has spread to other community organizations, CEOS members, who are mostly women over 60, remain the bulk of the program's membership. The Health Motivator Program was designed to encourage members and their families to live a healthy lifestyle by providing up-to-date health information, suggesting healthy foods and recipes, and providing low impact physical activities. For this study, CEOS members were surveyed in their regional spring meetings, WVU extension agents completed an online survey, and a random sample of Health Motivators (group leaders) were surveyed by telephone. Survey questions addressed ways the Health Motivator Program is being used, respondents' perceptions of the Health Motivator Program, and ideas for improving the program. CEOS members, extension agents, and Health Motivators reported a positive change in healthy behaviors in the serviced population. Programs such as the Health Motivator Program can provide valuable health information and facilitate healthy changes in an older adult population.

(25) The Effectiveness of a 6-month Lifestyle Intervention on Physical Activity and Blood Pressure in Older Adults with Hypertension

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High prevalence and poor control of hypertension remain critical issues for older Americans. Promoting active lifestyles among older adults with hypertension is a national public health priority. The purpose of this study was to examine the effects of a 6-month lifestyle intervention on the changes in physical activity and blood pressure in older adults with hypertension. The study was conducted as a secondary analysis of a randomized controlled trial. Subjects were randomly assigned to the intervention group (n=103) and control group (n=93). The results revealed there were no statistically significant differences between intervention and control groups, but the final regression models were statistically significant. Demographic variables, systolic blood pressure (SBP) at baseline, intervention vs. control, stress at baseline, change in stress, social support at baseline, and change in social support accounted for 36% of the variance in change in SBP ($p < .001$); demographic variables, diastolic blood pressure (DBP) at baseline, intervention vs. control, stress at baseline, change in stress, social support at baseline, and change in social support accounted for

49% of the variance in change in DBP ($p < .001$). Demographic variables, physical activity frequency at baseline, intervention vs. control, stress at baseline, change in stress, social support at baseline, and change in social support accounted for 33% of the variance in change in physical activity frequency ($p < .001$). As many older adults have hypertension, effective hypertension self-management is essential for older adults. Lifestyle interventions in combination with physical activity interventions are strongly recommended.

(26) Writing Dirty Words on the Wall & Color Pages: Teaching Sexuality & Aging to Graduate Social Work Students

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Sexuality and aging is often considered a taboo or icky topic and many instructors have stated it is difficult to teach, especially in diverse gendered, ethnic, or religious populations. Allowing students to participate in activities outside the normal realm of classroom discussions or papers thought provoking yet fun activities could be utilized within the classroom confines or within the privacy of an online course. *Writing dirty words on walls* is one such activity, which is highly interactive, mobile, and encourages social work students to understand how different populations describe their private sexual interactions or genitalia. It also allows students to work through their own misgivings/biases towards using proper naming or even integrating slang names used by clients/patients in order to provide a comfort level for them. Providing *color pages* of male/female genitalia, along with colors, markers, colored pencils at a coloring table, allows students to discuss or reflect on their own biases towards using proper names of body parts. Additionally the session allows students to work through the proper knowledge/construction of names for body parts without feeling inadequate or nervous. The presenter will also demonstrate how the in-class exercises differ from the online exercises, by providing examples of each method. The presentation will also address modification of in-class exercises for those students who are limited per their religious constraints, either in participation or in participation with the opposite gender. Reflections from past students will be shared.

(27) An HBCU's Contributions to the Gerontological Work Force in North Carolina: Findings from WSSU's Alumni Survey

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The Winston-Salem State University Gerontology Program is a noted Program of Merit (POM) through the Association for Gerontology in Higher Education (AGHE). The program focuses on the aging population, particularly minority populations, and is the only Bachelor of Arts program of its kind in the UNC System. The Program is also the only BA/Gerontology at a Historically Black College & University (HBCU). During the last five years, 23% of the 63 students graduating within The Program acquired employment within the field of aging as a result of their internship placement. In Fall 2016, The Program along with a senior gerontology student launched an alumni survey for the years 2010-2016. A survey was acquired through AGHE, and was modified to fit the program's needs and population. There is no information on reliability/validity of the survey instrument. The research design is a purposive, online

survey through SurveyMonkey. Participants are graduates who hold either a major/minor or a depth foci in gerontology from the Program. Data collected includes demographic data, additional educational endeavors by the participant after the B.A, minor/foci in gerontology was obtained at WSSU, and type of work participant is currently involved with, as well as if work is linked to gerontology/aging network. Knowledge of graduate work history and additional educational endeavors is important in recruitment, placement, and in strategic planning for the future of the Program, as well as the integration of course material, or courses. Discussion will include information on AGHE Program of Merit.

(28) Interdisciplinary, Inter-institutional Fulbright Project in Thailand: Considering How Light and Room Finishes May Effect Older Adults Worship in a Catholic Chapel

Paulette Hebert | Yingsawad Chaiyakul | Nisra Aruni | Emily Roberts | Mihyun Kang | Greg Clare

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Lighting selections and room finish choices affect visual acuity and social behavior, particularly for the growing population of adults 65 and older worldwide. As the visual capabilities of older adults decrease over time, more shielded light fixtures and higher light levels for some visual tasks have been recommended (CIBSE, 2002). While room finishes with higher light reflectance values spread light more effectively, some religious activities may benefit from the mystery and reverence created through the use of non-even specialty accent lighting. In order to assess light quality and older adult worshippers' engagement within a Catholic chapel at a Thai retirement center, a visiting Fulbright specialist from the United States joined Thai architecture university faculty and students to consider lighting and room finish selections in an aging building, comparing in situ outcomes to international Illuminating Engineering Society (IES) standards. Initially built in 1967, the center currently serves a broad population of vulnerable older adults. At the time of the 2016 study, there had been no renovations to the chapel and the main electric lighting source included exposed fluorescent bulbs supplemented by small incandescents representing candlelight. Within the cross-disciplinary/institutional knowledge transfer project, the research team determined that electric light levels varied; created glare; and produced an overall "institutional" effect. While light levels measured where worshippers read bibles exceeded the IES standards, the light intensity on the statues and other ritualistic religious artifacts were lower than the IES standards recommendations, impacting the users' overall abilities, experiences and perceptions of the chapel environment.

(29) Chunking it: Teaching Gerontological Social Theories from an Intellectual Origins Perspective

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Gerontological theories of aging are amalgamated with other disciplines such as psychology, biology, and sociology. In 1997,

Bengtson, Burgess, and Parrott, deconstructed social gerontology theories into three generations, utilizing the three theoretical levels: micro-level, macro-level and micro-macro integration level theories. Additionally, Bengtson and colleagues (1997) posited how each subsequent generation linked to an initial theory, thus each generation could be traced to its intellectual origins. By taking each generational theory, including each initial theory and "chunking" the material into more accessible components, students have an opportunity to review the theories within a social gerontology course, or introductory level course. The authors suggest providing a brief overview, which includes level, intellectual origins, basic tenets, and additional readings, incorporating the classics formulating the theory. Each theoretical review includes the following information:

1. Micro-,Macro- level of the theories as well as offshoots of theory.
2. Basic tenets of theory
3. Challenges in the context of theory
4. Readings: Additional information and historical/classical readings

This poster provides a guide to teaching gerontological social theories from an accessible perspective and allows attendees to consider how they might incorporate abstract theoretical constructs into their own classes.

(30) YMCA: Tai Chi: Moving For Better Balance Concepts of Collaboration: A Community Health Initiative

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Chronic conditions such as heart disease or diabetes contribute to impaired balance and decreased mobility leading to decreased independence. Unintentional falls among older adults are a leading cause of fatal and nonfatal injury in the U.S. and North Carolina. Hospital costs associated with injuries sustained by falls account for a substantial share of health care dollars spent on injury-related care.

In 2014, 908 North Carolina residents ages 65 and older died and over 75,000 fall injuries were treated at hospitals and emergency departments.

According to the CDC, each year more than 1.5 million Americans will experience a stroke or heart attack which may result in impaired balance and mobility. Research has shown that Tai Chi based programs like Moving For Better Balance may aid rehabilitation for those age 45 or older with heart disease, experience fewer falls, fewer fall injuries and reduce falls risk by over 55%.

Through the US Department of Health and Human Services Administration for Community Living, this funding opportunity was designed to increase the number of older adults and adults with disabilities to participate in evidence based community programs to reduce falls and falls risk while concurrently increasing the sustainability of these programs through innovative financing arrangements and in partnership with clinical ACO's.

(31) Elder Public Housing, an Account of Entry, Analysis, Future

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As a professional person, writer, lawyer, this author had no interest in 'public housing' personally, only a short experience with litigating a housing discrimination case in the 80's, and sudden experiences, including cancer and 'breakup' with long term partner, led daughter and sister to find and insist on entry into one of Nashville's larger Public Housing for Elders and Disabled High Rises, which has been an enormously illuminating experience. A long time practitioner of 'personal journalism' and humor in writing, this paper proposes to be an introduction by shock to this American institution, a sociological analysis of the particular which reflects the general, and a prognosis for the future of "Elder Public Housing."

(32) Co-Location to Integration: Innovations in Care for Unsheltered Older Adults

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Although 20% of adults 55 years of age or older will experience a mental health concern, few older adults access mental health services. When older adults voice mental health issues, it is often while seeking treatment for other medical issues, frequently in more expensive tertiary care settings, such as emergency departments. Frequent use of emergency care is especially true for unsheltered individuals as they present with psychiatric and substance abuse diagnoses more often than sheltered individuals. Moreover, research demonstrates depression may worsen the course and complicate the treatment of other chronic diseases. Stigma, access, cost, and longstanding racial and ethnic healthcare disparities may all contribute to an older adult's lack of mental health treatment, despite the well-documented health benefits of an integrated medical and mental health treatment model. The Congregational Social Work Education Initiative helped develop a new and innovative initiative between a day-center for unsheltered individuals, a school of social work, and a nonprofit human service agency to reduce health disparities and merge medical and behavioral health services for older, racial minorities using an integrated health care model. Integrated care is an evidence-based practice based on the systematic coordination of general and behavioral healthcare, integrating mental health, substance abuse, and primary care. Housing the health clinic within the day-center and embedding master level social workers in the clinic alongside a physician extender allows older unsheltered adults to be simultaneously evaluated and treated for both their physical and mental health needs.

(33) Identifying Risk of Social Isolation with Online Case Management Systems and Data Mapping

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Our interdisciplinary team in the greater Richmond region has established relevant conclusions on a risk index that will help stakeholders identify those who are socially isolated, and allow

them to focus on targeted promotion of social connectedness. This method is evidence- and gerontological theory-based, preventative, innovative, and replicable in regions all over the world. The team has made noteworthy progress on an implementable index to help communities predict and prevent social isolation. The poster will display GIS maps that identify risk of social isolation. It will also explain how the team combined academic research and technology to develop a risk index and complete a binary logistic regression, what we have implemented around the region, and what's next for urban planning, care providers and other stakeholders.

Objectives: Understand how online case management systems and mapping technology are used to identify risk of social isolation.

Understand how the interdisciplinary team combined academic research and technology to develop a risk index and complete a binary logistic regression.

Learn how to replicate our evidence-based projects and programs in their own communities, plus find out what's next for urban planning, care providers and other stakeholders in the Richmond region.

(34) Creating, Optimizing, Practices, for Endurance (COPE)

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It is estimated that approximately 66% of the college student population meets the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for experiencing a traumatic event. Traumatic events include, but are not limited to sexual assault, community violence, life-threatening illnesses, the sudden death of a loved one, accidents, natural disasters, fire, and physical violence. Non-traditional students reported having difficulty focusing and balancing school, work, and family. Students also reported feeling inadequate returning to school after being out for at least 10 years. It is estimated that approximately 81% of non-traditional students experience moderate to high levels of stress compared to 18% that experience low level or no stress. (Francois, 2014).

This study consisted of a six-week stress reduction program using the following complimentary alternative modalities: yoga, mindfulness, guided imagery, essential oils, and Reiki for non-traditional students over 55 that had experienced some form of trauma. The name of the program was **COPE** and was implemented at a HBCU in North Carolina. Weekly sessions focused on one complimentary alternative modality. Participants were given a pre and post-test survey to assess stress indicators related to trauma and stress management skills. At the end of the program participants indicated their stress levels decreased and they were implementing the use of complimentary alternative modalities in their daily lives. The research provided an informed trauma practice framework that was embedded within the campus Violence Prevention Department.

(35) Housing characteristics of older adults: Differences by age and disability status

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A majority of older adults prefer to age in their own home and to maintain as much independence as possible (Bayer & Harper, 2000; Rantz et al., 2011). In fact, only a small percentage of people 65 and older (3.5%) live in institutional settings (Administration on Aging, 2012). Time studies have shown that older adults spend as much as 90% of their time at home (Baker, Keall, Lyn, Howden-Chapman, 2007). At the same time, rates of disability increase with age in the United States (Erickson, Lee, & von Schrader, 2012). The combination of time spent at home and functional ability make the home environment a potential force for both enhancing and limiting psychological well-being (Oswald, Wahl, Mollenkopf, & Schilling 2003; Wahl, Schilling, Oswald, & Iwarsson, 2009). This poster explores the physical home environment of older adults in the United States using the National Health and Aging Trends Study. Demographic characteristics of 6,665 community dwelling older adults from this population based sample are summarized. Sample weights will be applied to account for survey design. The prevalence of physical home environment features in the homes of older adults living in the community will be presented and chi square tests of independence will be conducted to identify differences by age and disability status.

(36) Enhancing Education in Palliative Care

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The elderly population is continuing to increase, and older adults are experiencing symptoms and side effects from chronic illnesses with aging.

In efforts to emphasize palliative care and optimal quality of life, a literature search was performed to review the evidence on the beneficial effects of palliative care.

Benefits and barriers to palliative care were identified worldwide when reviewing the literature. Results of the journal articles prove the need for palliative care education to be provided to clients, families, and healthcare professionals.

A booklet was created to illustrate the positive effects of palliative care in symptom management from chronic disease and treatment.

Advocacy for clients and caregivers encompasses palliative care education and knowledge regarding health policies mandating the provision of early palliative care throughout the disease trajectory.

(37) Implementation of Visiting Kits for Persons with Dementia in a Community Living Center

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Following cognitive changes, visits between family members/visitors and persons with dementia (PWD) can become increasingly challenging. Visitors may feel uncertain about how to effectively and pleasantly interact with PWD. Providing visitors with brief psychoeducation surrounding how to best engage, as well as offering the use of "visiting kits" for use during their interactions, may provide benefit to both visitors and PWD. To encourage

positive social interaction, pleasant events, and cognitive stimulation between residents and visitors through the development and use of visiting kits, in addition to assessing the need for and barriers to implementation. Data will be collected from focus groups held with interdisciplinary stakeholders. Interviews will be conducted with family members to determine subjective experiences during visits and areas of need/improvement. Additionally, field observations will be conducted to assess current engagement between resident and visitor as well as use of "trial" kit. Focus groups and family interviews will be transcribed to identify themes and observations will be coded for analysis. Lastly, a logic model will be constructed to assist with project implementation. Preliminary themes identified by stakeholders include feasibility of use, safety and sanitization. A target of 10 family members will be included in this analysis to explore current need, with field observations, totaling 90 minutes to support the viability of visiting kits. Next steps include addressing identified needs for visiting through the development of visiting kits, personalizing kits to reflect patient-centered care, effectively implementing the usage of kits, and considering identified barriers.

(38) Providing Competent and Affirming Services for Transgender and Gender Non-Conforming Older Adults

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Despite the growing visibility and acceptance of transgender and gender nonconforming (TGNC) adults, TGNC older adults experience numerous barriers in accessing competent and affirming health and social services due to anti-TGNC prejudice, discrimination and lack of competent healthcare training on the part of healthcare workers. Clinical gerontologists and geriatricians will likely encounter TGNC adults in their practice given population aging and greater numbers of TGNC people who are living in their affirmed gender identities. In this presentation we review some of the literature on elder TGNC challenges with respect to healthcare utilization and we discuss how healthcare workers can provide competent and affirming services for members of the TGNC population.

(39) Age Trajectories of Cognitive Functioning among Older Adults of Mexican Origin: Implications of Age at Immigration, Gender, and Social Factors

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Little is known about the implications of age at immigration in combination with gender on the age trajectories of cognitive functioning in later life. Drawing on seven waves of data from the Hispanic Established Population for the Epidemiologic Study of the Elderly, this research uses growth curve models to examine these issues among older adults of Mexican origin ($N = 3,501$; aged 65+). U.S.-born women and women who immigrated to the U.S. between ages 0 and 12 had similar levels of cognitive functioning at age 65 to that of U.S.-born men. Men who immigrated between ages 0 and 12 had better cognitive functioning than their U.S.-born counterparts. Men and women who immigrated to the U.S. after age 12 had lower cognitive functioning at age 65. No immigrant status-gender differences were found in the rates of decrease in cognitive functioning with age. Greater educational

attainment, completing interviews in Spanish, being married, more frequent church attendance, and not coresiding with other relatives and non-relatives, except children, were linked to better cognitive functioning at age 65. Lower educational attainment accounted for poorer cognitive functioning among individuals of both genders who immigrated after age 12. Increasing age was associated with better cognitive functioning if older Mexican Americans had higher educational attainment, completed interviews in Spanish, were not widowed, perceived greater social support, and attended religious services more frequently.

(40) Mindfulness-Based Stress Reduction in a Veteran Population of Dementia Caregiving Dyads

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Caregiving for a loved one with dementia can be a rewarding yet demanding responsibility that often results in chronic stress. Research on mindfulness-based stress reduction (MBSR) has shown promising results at reducing caregiver stress (Whitebird et al., 2013), but lacking care for a loved one to attend one's own appointments may be a barrier to treatment (Paller et al., 2015). This is the first study to investigate the feasibility and effectiveness of MBSR group program for dyads and individuals in a Veteran population of dementia caregivers and care recipients. Thus far, two cohorts have completed this MBSR intervention which consists of eight 90 minute weekly sessions. Initial results reflect overall positive improvement for caregivers (n = 3), including evidence of decreased burden, depression, anxiety, and perceived stress, and increased mindful attention. Two out of three caregivers who completed the intervention demonstrated improved performance on a measure of cognitive functioning (Montreal Cognitive Assessment). One participant with memory loss (n = 2) demonstrated decreased anxiety symptoms. Five out of six group participants (including 2 out of 2 care recipients) completed the intervention, demonstrating feasibility. Outcomes, treatment delivery modifications for this population, and lessons learned will be discussed.

(41) How to Begin a Memory Café, Lessons Learned

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This workshop will review our experience in Williamsburg Virginia in the past year with beginning a Memory Café. We will discuss lessons learned on organizing and beginning a Memory Café in the community and how to sustain it through effective programming and marketing. The Memory Café is a place for individuals with memory loss and their care partners/caregivers to interact, laugh, cry, find support, share concerns and celebrate without feeling embarrassed or misunderstood. The Memory Café encourages friendship and acceptance for the person with memory loss when they cannot communicate as easily with old friends or family members. The Memory Café provides an experience for those with memory loss and their caregivers who may not feel they can comfortably go and have a pleasurable experience in a restaurant. This workshop will address how to find trained, experienced volunteers to facilitate

Memory Café, who know how to encourage communication and social engagement. While not a support group or respite program, provides an opportunity and beneficial experience for both caregivers and persons living with dementia.

(42) Harmony Café Improves Health, is Affordable and Stimulates Social Integration

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Harmony café--Improves the health of both the person living with dementia and their family caregiver with socialization and access to exercise and meaningful activities

*Model of care for aging programs and services
Harmony café support along the trajectory of dementia a social model that will lead to Group respite and Adult Day Programs Saving dollars for families and the public by postponing full time care at least a year.

*Model of care for aging programs and services engaging families in group care saves dollars and has been documented to improve the quality of life of both the person living with dementia and the caregiver.

Harmony café - is breaking down stigma and introducing the community at large to individuals living with dementia in a structured, social, engaging, and enjoyable environment

*Encourages community partnerships demonstrates that people living with dementia are just that "people." Teaches best practices in care and widens the awareness and support for people who are not personally affected by dementia.

(43) Preventing Resident-to-Resident Abuse in Long-Term Care Facilities

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Resident-to-resident injuries are on the rise in health care facilities. In fact, research suggests that nursing home residents have a 1-in-400 chance of being injured by another resident. This session will help facilities develop effective systems to reduce or prevent resident-to-resident altercations from occurring. Laurie Abounader and Lindsay Tice will lead this discussion including these topics: proper pre-admission screening; effective utilization of medical, psychiatric, and mental health services; documenting behaviors and completing incident reports; and, understanding both aggressive and non-aggressive behaviors.

(44) Creating a Collaborative Response to Elder Abuse

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Virginia Center on Aging at Virginia Commonwealth University |
Virginia Center on Aging at Virginia Commonwealth University

This interactive session will provide information, experience, and discussion designed to enhance participants' understanding of and ability to create a coordinated and multidisciplinary approach to abuse in later life in their own communities.

This three part workshop will begin with a brief overview of the importance of using a multidisciplinary approach to addressing elder abuse. During the second segment, participants will engage in a case review exercise which demonstrates the importance of a multidisciplinary community-coordinated approach. The final segment will include a discussion with participants on the steps they can take in their communities to create a multidisciplinary approach to this growing issue.

The presenters work with the Abuse in Later Life Program of the Virginia Center on Aging (VCoA) at Virginia Commonwealth University. This program provides workshops, training, and technical assistance to professionals from a wide variety of disciplines, promoting knowledge of the types and dynamics of abuse in later life; discovery of resources; understanding of the roles different disciplines play in finding solutions; and the creation of avenues to identify innovative approaches to improve systems; always placing the person first. They coordinated two collaborative projects addressing community response to abuse in later life, covering both rural and urban areas, and funded by the U.S. Department of Justice Office on Violence Against Women Abuse in Later Life grant program. This session draws upon the work of these two projects.

(45) Developing a Psycho-social Intervention to Empower Grandmothers Raising Grandchildren

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Symposium organizers:

Julian Montoro-Rodriguez, Director Gerontology Program at UNC Charlotte and Bert Hayslip, Affiliated Research Faculty Gerontology Program at UNC Charlotte

The U.S. Census Bureau (2010) estimates that more than 1.6 million children in America are being raised primarily by grandparents, often as a result of the death, incarceration or incapacitation of the child's parents. Caregiving is psychologically, emotionally and physical challenging; and caregiving grandparents often report more functional health problems and chronic disease incidence than non-caregiving peers. There is consistent evidence that the perception of available support is linked to health and emotional well-being; but many grandmothers may not be able to receive the support they need since their own families are not fully functional and able to support them.

Using the Selective Optimization with Compensation (SOC) framework (Baltes & Baltes, 1990) and socio-cognitive strategies we developed a program to assess the grandmothers' supportive needs and to empower them to reduce their stress, improve their communication skills and satisfaction with social support. This symposium a) describes the main components of the proposed intervention; b) presents data from 19 grandmothers who attended the four weekly sessions with individual facilitators during the past months; c) reports on the effectiveness of the intervention in decreasing the grandmother's stress; and d) discusses the its benefits to empower grandmothers to improve their psychological adjustment and take care of their needs.

(46) Creating a Sense of Safety and Community for LGBTQ Seniors

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Blending research and practical experience, this workshop will present data about the experience of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) seniors in accessing services. As many LGBTQ persons age, their fears, imagined and substantiated, of social stigma, prejudice, disparity of care, and reliance upon biased or unaware service providers often makes it seem easier to return to the closet when seeking services and housing. That results in loss of contact with social and support networks and a full, rich sense of personal identity. Professionals have many options to make personal contributions and to impact their organizations to ameliorate the forces that drive LGBTQ elders back into the closet.

This presentation will explore the overlapping issues of:

- Continuing social and political devaluation and discrimination of LGBTQ persons,
- Increased isolation and vulnerability experienced by many aging persons,
- Lack of understanding, awareness, and acceptance of LGBTQ concerns and issues among caregivers.

The goals of this session are for participants:

- Through a simulation, achieve a basic understanding of the impact of social isolation on people's attitudes and actions toward themselves and others,
- Understand specific examples of actions taken by individuals and organizations to create safe places for LGBTQ elders to express themselves with integrity,
- Share specific things they have done to create safe spaces for LGBTQ elders,
- Identify at least two specific actions they will take to respond more effectively to the needs of LGBTQ elders.

(47) The Art of Goodbye: Exploring Effective Communication Strategies about End-of-Life Concerns

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Most people would prefer to delay or completely avoid discussions about death. In a 2013 study, researchers found that of 2,000 Americans studied, ninety-four percent think it's important to have end of life conversations, yet less than one third have discussed what they want when it comes to their care. Another recent study reported that eighty per cent of respondents indicated a desire to talk to their physician about end-of-life care if they were seriously ill, yet only seven per cent of respondents reported having had an end-

of-life conversation. Even if people feel inclined to talk with loved ones and health care providers about end-of-life concerns, they are frequently at a loss for the best way to begin a discussion and are unsure of the topics they should cover. It is difficult to cover every consideration because the process of dying does not always follow a logical course; it is unique to the individual's circumstances. Nonetheless, conversations about end-of-life care and advance directives can help ensure that the person's wishes are honored. These measures also eliminate much of the difficult decision-making that loved ones typically face at the time of their loved ones' passing. This interactive workshop encourages discussion among participants about challenges and opportunities for communication. Attendance will help participants begin to determine their own futures by normalizing discussions in a relaxed, yet structured, educational environment. Role play and activities are offered to offset common barriers.

(48) The Art of Goodbye: Examining Diversity around End-of-Life Concerns

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The diversity of our population poses unique opportunities for understanding and honoring cultural traditions. A person's approach to death and planning for the end of life is strongly influenced by culture, religion, socioeconomic status, and the social stigma of being a sexual minority. Family and healthcare professionals should be aware of how these differences affect the decision-making process around end-of-life concerns. The following points illustrate such differences. *Medical Interventions*: Some ethnic groups often want aggressive treatment in the case of a medical emergency, whereas others do not want any interventions such as a feeding tube or resuscitation. Religious differences also affect decisions about care at the end of life, including whether or not to pursue aggressive treatment. *Who provides care*: Some cultures turn decisions about a parent's end of life care over to the adult son or other adult children, whereas others believe the individual should make advance care directives. Some ethnic groups rely entirely on families for caregiving at home until their death. *Hospice care*: Some ethnic groups avoid hospice, believing that it withholds care from patients. Although there is not much information about income differences, there is some information that lower income and education (SES) individuals are less likely to choose hospice care than wealthier patients. *Distrust*: Various ethnic groups may distrust plans and paperwork such as Advance Directives. *Stigma and discrimination*: Partners and spouses in same sex relationships may face barriers such as social stigma in finding information and developing a plan.

(49) The Unmet Palliative Needs of Parkinson's Disease Patients: A Mixed Methods Study

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Introduction

Parkinson's disease (PD) is the second most common age-related neurodegenerative disorder. Despite recommendations for a palliative approach in PD management, little is known about what palliative needs are unmet by standard neurological care.

Design and Methods

This mixed methods study aims to 1) identify unmet palliative needs of PD patients, 2) determine the relationship between unmet palliative needs and patients' health-related quality of life (HRQoL), and 3) use qualitative methods to probe more deeply into factors hypothesized to affect PD patients' HRQoL. PD patients and neurologists were recruited for a quantitative survey on palliative need; a subset of PD survey patients also completed in-depth qualitative interviews.

Results

Forty-nine patients and 62 physicians were recruited for the survey, and 23 patients completed in-depth qualitative interviews. While both patients and neurologists reported unmet palliative needs, significant differences between groups were found in all five symptom categories: Physical $F(1)=48.91$, $p<0.0001$; Psychological $F(1) = 21.82$, $p<0.0001$; Social $F(1)=40.16$, $p<0.0001$; Financial $F(1)=52.01$, $p<0.0001$; and Spiritual $F(1) =44.06$, $p<0.0001$. Physical needs ($F=20.84$, $p<0.0001$) and Psychological needs ($F=9.02$, $p=0.005$) significantly predicted patient HRQoL. Two pervasive overarching themes across interviews included: 1) lack of healthcare education and 2) need for more effective care coordination. Three secondary themes included: 1) the importance of support groups; 2) the vital role of spirituality and religion; and 3) the narrow perceived role of the neurologist in care.

Implications

These findings highlight the importance of an individualized approach to palliative care and the need for educational and programmatic interventions.

(50) Reduction in Falls Following an Interprofessional Geriatric Workforce Development Program on Evidence-based Falls Management and Prevention

C. L. Coogle | E. F. Ansello | L. H. Waters | P. Parsons | B. W. Hogue | M. Wampler | T. Lawson

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This presentation illustrates achievements resulting from a community-academic partnership to address falls at a rural area agency on aging (AAA) operating an adult day health center and a Program of All-Inclusive Care for the Elderly (PACE). The 24-hour training program participants included home care staff and transit personnel along with the PACE team of healthcare providers. The interprofessional evidence-based curriculum focused on definitions of falls, risk factors, assessment, and interventions. Because participants were guided to develop implementation strategies for improvement, the AAA monitored falls after the training. They received an Aging Innovations and Achievement Award from the National Association of Area Agencies on Aging based on their 24% reduction in falls for the third quarter of the calendar year and 40% reduction in the fourth quarter. We abstracted data from the quarterly Health Plan Management System PACE Monitoring Reports to examine the 3-month baseline prior to the training for comparison with the 3-month and 6-month post training periods. Our analyses showed a statistically significant 46% decrease in falls from T1 to T2 and a 57% decrease from T1 to T3. The comparison of injurious falls at T3 as a proportion of all injurious falls (22%) during the 9 month study window with the same proportion at T1 (47%) also revealed a statistically significant decrease. We documented a statistically significant practice change: inclusion of more than one discipline in the evaluation of falls. Qualitative data suggest that the interprofessional team development engendered by the training contributed to the quantitative results.

(51) If I Want My Family, Then I Have To Do This: Overcoming Barriers to Cancer Treatment

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The literature concerning supportive cancer care is vast, yet, eliciting the voice of vulnerable subpopulations of patients and caregivers remains understudied. This case study examines the barriers older African American cancer patients and their caregivers experience in adhering to cancer treatment protocols in rural Eastern North Carolina. Data is collected by qualitative interviews with patients and caregivers separately in their home(s). This presentation focuses on one caregiver/patient dyad--an adult child caring for her mother with cancer. This dyad is of particular interest, as the patient has had cancer 4 times, and as a result of her numerous treatment experiences both she and her daughter are able to provide counsel concerning ways to improve and develop more supportive cancer care. Some examples discussed by the dyad include: providing emotional support training to all individuals in the care process (e.g., transport drivers) and strategies for effective doctor/patient communication. The case study data collected from this dyad's interviews are important in informing the development of supportive cancer care programs particularly as they relate to minority populations in rural areas.

(52) Exploring Barriers to Participation in Health Promotion Activities for African American Elders with Dementia and Their Family Caregivers

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Despite the promising fulfillment that elders with dementia can receive through participation in health promotion activities, obstacles exist specifically for African American elders with dementia and their family members. The **purpose** of this presentation is to describe what African American family caregivers and care recipients with dementia from southeast Louisiana identify as barriers to participation in health promotion activities. A qualitative descriptive design was employed with saturation of results occurring at 18 families. A series of interviews were conducted with the families, along with journaling, observations, and field notes that were analyzed using inductive content analysis. Families identified barriers included unsafe neighborhoods, increased incidence of local crime and not having security cameras as reasons for not participating in outdoor health promotion activities. More than half of the families identified difficulties in accessing health care services. Healthcare related barriers included a lack of trust in the health care system, lack of communication between physicians, and inadequate physician knowledge of Alzheimer's disease. This study increases an understanding of barriers and recommends culturally informed ways for providers to develop services and promote African American elders with dementia and their family caregivers' access to services. Future research is needed to better understand inequity in the context of the lives African American families with dementia live. This is essential to the development of and access to health promotion interventions for optimal individual and family outcomes.

(53) Looking Old: Undergraduate Visual Representation of Aging

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In American society youth is revered and associated with a healthy appearance and visual attractiveness. In contrast, old age is equated with decrepitude and loss of these characteristics. Older adults are far more than the visual features used to characterize them. A focus on visual characteristics leads to prejudice and discrimination. In this study we sought to understand the identifiers that undergraduate students associate with the words "old person" and determine the degree to which their images are based on visual characteristics versus non-visually observable intrinsic attributes. Data were used from the multi-institution, multi-year Gerontological Literacy Network (GLN) database that includes information from word association protocols gathered from 1,184 students at six universities. Our findings indicate a reliance on common physical-biological characteristic of aging and assistive technology devices in characterizing older adults versus other

attributes. This creates a deceptive, prejudicial and limiting association between visible characteristics (for example, 'wrinkles', 'gray hair', 'cane', 'wheelchair') and less visible components of what it is to be an "old person." An over reliance on visual cues encourages quick superficial judgments and reinforces ageist perceptions and behavior. Our findings point to possible educational strategies to address prejudicial associations between visual characteristics and old age. It also, as other GLN work has done, helps to explain the disconnect between images of older people who are known directly and those who are not.

(54) The Development of an American Indian Elder Creative Arts Program with Traditional Arts

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Creative arts programming is gaining interest as a viable approach to enhancing quality of life for older adults. With grant funding awarded in Fall 2016, we partnered with an American Indian tribe to develop, implement, and evaluate a cultural- and curriculum-based creative arts program for older tribal members. The goal of the program is to improve quality of life, reduce loneliness, and to increase knowledge of traditional tribal arts among the 15 participants. For this effort, an 11-member Advisory Committee was established that included tribal members representing the tribe's cultural arts and elder programs. The Advisory Committee and the investigators collaboratively determined key components of the program, including dose of the program, program content, teaching tribal artists, and data collection procedures. Qualitative and quantitative data generated from this project will help ensure that this program is designed to be well-received and enjoyed by the participants and the teaching artists. Feedback at the conclusion of the program from all involved parties will help in any necessary revisions to subsequent offerings. Longer term plans that speak to program sustainability include the development of a program curriculum and manual can be used for possible replication of this program by other communities where they can substitute their own cultural arts. The development of robust evidence becomes central to any effort to translate promising programs into sustainable programs and contribute to the scaling up of creative arts interventions to achieve public health impacts.

(55) Workforce Issues in Low Wage Work: Job Quality and Working Conditions

Jennifer Craft Morgan | Christopher Kelly | Ishan Canty Williams | Ha Do Byon | Hui Zhao | Kathy Haugh | Emma Mitchell | Elisabeth Burgess | Kendra Jason

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As the population ages, the care of older adults with chronic disease, functional impairment and dementia will require a significantly larger and better-prepared workforce. Low wage work in the health and long term care sector and the service sector continue to grow without much attention to the working conditions of

this labor. In the U.S., the majority of this labor has been relegated to vulnerable populations including women of color and immigrants. Do these jobs have to be "bad jobs" with poor compensation, few benefits, heavy workloads and adverse working conditions? What challenges do these workers face in the workplace and relative to their careers? This symposium brings together scholars to with different perspectives on these questions. First, Drs. Morgan and Kelly address the issue of job quality and career advancement for the direct care workers in the U.S. in their paper, "Bad Jobs to Good Careers: Current Trends in the Recruitment, Training and Retention of Direct Care Workers." Second, Dr. Williams explores the issue of race-based discrimination in her paper, "Racial Discrimination of Home Care Workers: The Impact on Job Turnover." Third, Dr. Burgess discusses the intimate work of personal care which involves negotiating relationships in close quarters and the potential for sexually inappropriate behavior or comments in her paper, "Sexual Harassment of Direct Care Workers." Finally, Dr. Jason richly describes issues of chronic illness and resilience in low wage work in her paper, "Multiple Chronic Conditions, Resilient Adaptation, and Older Workers in Low Wage Jobs."

(56) Laughter Yoga - An Evidence-Based Pathway to Healthy Aging

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Laughter Yoga utilizes simple, yet structured laughter exercise and yogic breathing techniques, combined with gentle stretching. These exercises have been clinically proven to decrease and control blood pressure and heart rate, decrease stress, strengthen the immune system, increase the body's production of endorphins, and fight depression. Clinical research has also concluded that therapeutic laughter lowers the level of stress hormones (epinephrine, cortisol, etc.) in the blood, and is linked to healthy function of blood vessels by causing the tissue that forms the inner lining of blood vessels, the endothelium, to dilate or expand in order to increase blood flow.

Started 20 years ago by a physician in India, Dr. Madan Kataria, Laughter Yoga has become a popular wellness program across the globe, with thousands of Laughter Clubs in over 100 nations. Since its inception, evaluation and studies of laughter as exercise have consistently demonstrated that participation in laughter exercises, such as Laughter Yoga, produces physiological and psychological outcomes that enhance participants' overall sense of wellbeing, reduce their pain, and improve their health.

In 2013, the Southwestern Commission Area Agency on Aging undertook a pilot study with older adults as a means to evaluate Laughter Yoga against the federal Title III-D criteria for Evidence-Based Disease Prevention/Health Promotions programs. This multi-state quasi-experimental study was published in the Winter 2015 edition of the peer-reviewed scientific journal, "Advances in Mind-Body Medicine."

This experiential presentation will demonstrate Laughter Yoga and outline its role as an evidence-based pathway to healthy aging.

(57) The IMPROVment Method: Brain Body Health for Older Adults

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As we age, our gait, mobility, and balance can become compromised and multi-tasking can often present significant challenges. For people living with neurodegenerative diseases like Parkinson's (PD) or Alzheimer's (AD), the stakes are even higher, as falling can often become a regular occurrence in life. How can we maintain our identity as independent, confident, and expressive movers in this busy world? In this workshop, improvisational dance joins with neuroscience research for a stimulating brain/body workout. Join two Wake Forest University professors- in dance and neuroscience--as they share exciting pilot data and introduce exercises from an improvisational dance intervention they tested in two communities: one for adults living with PD and their carepartners and another for adults living with mild cognitive impairment, and their carepartners. Referred to *IMPROVment*, an introduction to this improvisational movement class will encourage participants to spontaneously self-generate movement material on the spot, taking cues from visual images, rhythmic sensibility, the breath, and music. In the workshop, exercises shared will encourage problem solving tactics, nurture a strong community environment, promote physical and cognitive decision making, and bring spontaneity back to our lives in meaningful ways. Moreover, we will pay attention to improvisation's ability to be non-hierarchical, recognizing that movement responses are never "wrong". The workshop will begin seated in chairs, and then continue to include standing and walking-based exercises. Following the movement portion of the workshop, we will share promising neuroimaging data from recent pilot studies and discuss the future of this collaborative research.

(58) Enjoyment and Engagement in Life: Meaningful Activity for Persons with Dementia

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Families and professionals caring for an individual with dementia need strategies to help interact positively with the individual and strategies to help the individual maintain cognitive functioning and reduce behavioral symptoms. Researchers have found that engagement in meaningful activity may decrease behaviors such as apathy, agitation, irritability, and/or anxiety (Aronstein, Olsen, & Schulman, 1996), and reduction in these behaviors in-turn can relieve caregiver stress. A meaningful activity is determined based on the individual's past interests, current strengths, and educational levels. It can be a personal interest (gardening; painting) or a familiar daily activity (cooking; laundry). Caregivers, however, are often at a loss for how to adapt activities tailored to both the functional level and long-standing interest of the individual with dementia, and can benefit greatly from tools and support to help engage their loved one.

As the disease progresses, past leisure interests become less of a focus and the importance of "being in the moment"; non-verbal communication; and, attention span must be considered for effective programming.

This session incorporates the relative strengths of the individual into the intervention; teaches caregivers how to modify the home environment; set-up meaningful and appropriate activities; and, use guided intervention communication techniques. Real life examples showing video clips with the author's father (who has dementia) are used to highlight the effectiveness and ease of incorporating the program.

(59) A New Age: Experiential Interventions to Enhance Empathy

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At a time when adults 65 and older represent a rapidly expanding proportion of the population in the United States, ageism continues to be one of the least-contested and most socially-acceptable forms of prejudice, represented by the institutionalized marginalization of older adults by a youth-focused culture. Negative stereotyping of elders can lead to gaps in adequate health care, and such a lack of empathetic awareness may be contributing to the growing but unmet need for mental health professionals competent and willing to work with older adults. Experiential interventions such as role play have been used successfully to enhance empathy and multicultural awareness toward racial, ethnic, and linguistic minorities, but there is limited research on the use of such interventions in enhancing empathy toward older adults in mental health professionals. Sara W. Bailey, MA, LPCA, NCC, is a second-year doctoral student in the Department of Counseling and Educational Development at UNCG, where she is also completing her Post-Baccalaureate Certificate in Gerontology. Sara's research is focused on better training counseling master's students to be prepared to meet the needs of older adults. By attending this workshop, participants will: learn about current research on enhancing empathy toward older adults; share personal experiences; and practice an easy-to administer, empathy-enhancing mindfulness-based role play activity suitable for use with students and helping professionals who are charged to compassionately serve older adults in a culturally competent manner.

(60) Active Aging for L.I.F.E.: Outcomes from an Intergenerational Public Health Initiative Focusing on Longevity, Independence, Fitness and Engagement

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The World Health Organization (2015) defines *active aging* as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active aging allows people to realize their potential for physical, social and mental well-being throughout the life course, aiming to extend healthy life expectancy and quality of life for all people as they age (WHO, 2015). Oklahoma State University has initiated an *Active Aging for L.I.F.E.* public health framework, representing a commitment to working toward improved perceptions and behaviors regarding Longevity, Independence, Fitness, and Engagement for active aging across the lifespan. A mixed-method pilot study took place in 2016 with a participant demographic of college age students age 18-25 and older adults age 65-85 attending four

consecutive weekly events together covering the four *L.I.F.E.* domains. This presentation will highlight the follow-up focus groups which took place 4 months after the events at which participants were asked open-ended questions on any changes in their life style choices, perceptions and behaviors. The student participants (N=12) showed the greatest degree of change in their perceptions about the concept of active aging, and the older adults (N=18) regarded the initiative domains as reminders of important lifestyle choices and behaviors which they had been practicing, and found a high level of benefit in the intergenerational active aging events.

(61) Food Insecurity among Tennessee Elders: A State-Wide Survey

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Using a sample of 5000 households headed by persons 60 years of age or older with incomes under \$30,000, 434 telephone interviews were completed with elder Tennesseans during the summer of 2016. The purpose was to develop a better understanding of the food and nutrition needs of Tennessee's older population with a focus on seniors who might be at risk of not having ample access to food and the long-term goal of improving current programs and services to better meet the food and nutritional needs of the state's older citizens. Data were collected on age, marital status, race and ethnicity, educational attainment, functional ability and other health measures, household income, residential status, utilization of food and nutrition programs (SNAP, home delivered meals, USDA commodities, congregate meal sites, and food banks), utilization of informal support (family, friends and religious organizations), and barriers to food access and program utilization. Food insecurity was measured at the household level by incorporating a version of the U.S. Household Food Security Survey Module tailored for older adults.

Almost 30% (N=128) of those surveyed were at least marginally food insecure and over 20% (N=91) experienced low or very low food security. Those most food insecure were female, divorced or widowed, below poverty level, in fair or poor health, and many experienced significant barriers to food access related to income, transportation and health. Findings suggest that without existing food and nutrition programs, food insecurity would likely be much worse. The study was funded by the Tennessee Commission on Aging.

(62) Aging Adults' Reflections of Loneliness, Volunteerism, and Promoting Vitality

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As adults are aging there is heightened awareness on health, quality, and quantity of life. Finding and maintaining a healthy lifestyle in the aging years can promote longevity and satisfaction in

the Golden Years. This study examined adults' perceptions of their loneliness and volunteerism by utilizing mixed methods including quantitative and qualitative survey questions. Results from the on-going Health and Happiness Survey were used to generate descriptive statistics, patterns of responses, and Grounded Theory with constant comparison were also utilized to analyze the data. Of the 51 participants, only 10% self reported they were regularly or frequently lonely, while 49% reported they were not lonely. One third (33%) of the participants said they volunteered monthly or bi-monthly, while only 14% reported volunteering once or twice a year. When asked what keeps them young and full of vitality, themes that emerged were: exercise, healthy eating, staying active, adequate sleep, laughter, positive thoughts, relationship with God/Christ, and relationships with others. Therefore the findings demonstrate: establishing and maintaining a life of balance with exercise, healthy diet, adequate sleep, positive thoughts, and a relationship with God and others can help promote quality of life.

(63) An Interactive Approach to Research Advances and Clinical Applications of Music Therapy and MUSIC & MEMORY? for Older Adults Living with Dementia

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This workshop complements the Conference Theme with an interactive approach to the advances in research for introducing therapeutic music-based activities reduced symptoms of dementia in care environment residents. The workshop begins with a dynamic and interactive application of a clinical music therapy session featuring percussion, highlighting use of evidence based practice followed by an overview of Music Therapy Research with individuals living with dementia.

The regional representative from MUSIC & MEMORY? organization will discuss how personalized preferred music listening enhances the quality of life and social engagement, medical doctors utilizing the program in Chronic Care Management and Antipsychotic Med Reduction. Then a discussion on an innovative application of combining Music Therapy and MUSIC & MEMORY? in a care environment organization will be presented by a music therapist.

Music therapy treatment is efficacious and valid with older persons who have functional deficits in physical, psychological, cognitive or social functioning. Research results and clinical experiences attest to the viability of music therapy even in those who are resistive to other treatment approaches. Music is a form of sensory stimulation, which provokes responses due to the familiarity, predictability, and feelings of security associated with it. The workshop will conclude with question and answer comments.

(64) Author Meets Critic: Hospital Land USA: Sociological Adventures in Medicalization

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In *Hospital Land USA*, Wendy Simonds analyzes the wide-reaching powers of medicalization: the dynamic processes by which medical authorities, institutions, and ideologies impact our everyday experiences, culture, and social life. Simonds documents her own Hospital Land adventures and draws on a wide range of U.S. cultural representations --from memoirs to medical mail, from hospital signs to disaster movies --in order to urge critical thinking about conventional notions of care, health, embodiment, identity, suffering, and mortality. This panel presentation will be in an Author Meets Critic format. First, the discussant (Jennifer Craft Morgan) will provide an overview of the book and its application to aging practice across long term care. Second, Edmund C Tiryakian from Dying Right NC and Molly Perkins, an expert in the area of palliative care and end of life issues in assisted living, will take the role of critics and set out their impressions and outline the importance of the issues raised by the book specifically in relationship to death and dying and aging practice. Finally, the author of the book, Wendy Simonds, will respond to the critics and take questions from the audience.

(65) The Driving Question: Who Do We Call About Grandma and Her Cadillac?

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Driving is the most valued activity of daily living and critical to maintain quality of life. While most older drivers are safe drivers, the increasing numbers of individuals with cognitive impairment has the consequences of potential danger to the individual **and** the public. This is unlike other daily tasks--which may be harmful for the senior (e.g., getting burn while cooking, falling, medication mistakes), but does not impact others. The difficulty for families/practitioners is that individuals with cognitive impairment believe they are good drivers because driving is an overlearned skill. Conversely, seniors with physical impairments are often told to stop driving when adaptations to vehicles and technology can compensate for some impairments. It is therefore critical to make sure driving is not terminated too soon, since it is often the only method of transportation for seniors in suburban/rural areas where public transportation is limited. Unfortunately there are products designed to make a profit by marketing as being able to prolong driving or have the ability to make a driving decision based without appropriate research evidence. Driving is therefore an essential topic for those providing aging services. This workshop will highlight the issues including: 1) the differences between aging drivers and the medically-at-risk driver, 2) to distinguish the levels of driving and implications for seniors, 3) to distinguish between the types of "driving" for the "best fit", and 4) questions to use when considering different driving services, and 5) best approaches when discussing driving. The new *Clinician's Guide* is highlighted.

(66) Age, Health, and Driving Ability: Perceptions of Older Adults

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This paper presents the results of a focus group study exploring older individuals' perceptions of older drivers. The study extends the stereotype research of Joannis, Gagnon, and Voloaca (2012b), further investigating the terms used to describe older drivers. Also explored were the ways older adults perceive age versus health in their considerations of driving. Three focus groups (N=24) were conducted with former and current drivers, 64 years and older, living in Asheville, North Carolina. Participants showed positivity in their descriptions of older drivers as "slow" and "cautious" and believed they adapted their driving behavior as aging demanded. Participants showed heterogeneity in their acceptance of the health issues that threatened their continued driving ability. The importance of context in understanding stereotypes of older adults is illustrated. Results are discussed in terms of ingroup/outgroup theory in line with the proposed model.

(67) The Study of Aging Population and Their Needs Living in Small Town, Upper Midwest

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In February of 2011, I was contacted by the Center for Small Towns at the University of Minnesota-Morris (UMM) and the Herman Development Corporation (HDC) in Herman, Minnesota. They asked me to research the question, "What can the City of Herman do to support residents to continue to live in the community as they age?" This was a major concern, as the out-migration of elderly is a real loss for community. A mixed-research methodology was employed and a questionnaire was designed to address the question. Twenty-eight elderly, of 55 years of age and above, were interviewed. The data analysis showed that the town's elderly have serious needs that should be addressed immediately; otherwise, the town will lose its population in the near future. This study is significant, not only to the city of Herman and its people, but also because its methods can be applied to towns throughout the upper-Midwest and other regions with similar conditions.

(68) Engaged Learning: The Role of Community Partners in Gerontological Education

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Engaged learning with strong community partners prepares gerontology students to become our next gerontology professionals. Undergraduate gerontology minors at the University of North Carolina Charlotte complete 100 hours of experiential learning across two required courses. To successfully offer this opportunity requires excellent coordination and communication as well as dedicated and willing community partnerships.

Early in their studies our students complete ten hours of service-

learning at one of six partnering assisted living communities. Each student develops a conversation partner relationship with one resident living with at least mild cognitive impairment. Students are trained in class and at the site for this experience. Many of these students emerge with a new understanding of assisted living communities, normal aging, their own aging experience, and how diverse older adults are as a population. Nearer the end of their studies, all minors take the senior seminar capstone which includes a 90-hour field placement with one of many community partners willing to work with and mentor our students. Students not only complete these experiential hours, they develop professional documents, search and apply for jobs, discuss the practical steps required to move from student to professional, and write reflectively each week. These 100 hours are vital to the preparedness of our students as they become part of the aging professional workforce. This workshop will highlight the framework of these experiences, how community partners can engage in this work, and the benefits and outcomes for everyone when educators and practitioners work hand in hand.

(69) Revitalizing a Gerontology Certificate Never Brought to Life

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Gerontology certificates provide students in a wide variety of disciplines, including human services, psychology, nursing, and sociology, in-depth exposure to topics and issues surrounding aging, preparing them for entering careers working with or providing services to older adults. However, these certificates are also occasionally designed in such a way so that only a particular major has access to them, or they become a certificate in the university bulletin never earned by students due to lack of faculty guidance. This workshop explores the steps involved in revising one such gerontology certificate to become truly interdisciplinary and moving through the approval process at the university. It will discuss the challenges associated with ensuring that needed classes are regularly offered and review the competencies for undergraduate gerontology education provided by the Association for Gerontology in Higher Education. If possible, the presenter of this workshop will work with another presenter on teaching-related topics to highlight the importance of gerontology certificates across universities and concerns for putting them into practice both for the institution and specific disciplines. The workshop will invite feedback from attendees in all stages of adopting gerontology certificates as well as encourage questions from those considering incorporating a gerontology program in their curriculum.

(70) Leonard Cain and the Founding of the Life Course Perspective

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Many of the growing number of scholars who explicitly or implicitly use the life course perspective to inform their research seem to be unaware of the historical development of the perspective. In particular, the paradigm-setting work of Leonard D. Cain, Jr., is too often ignored, while others are given credit for developing the perspective. In this paper I argue that Leonard Cain's chapter, "Life

Course and Social Structure", which appeared in the Handbook of Modern Sociology (Faris, ed. 1964) should be credited as the foundational publication articulating the life course perspective. Cain wrote that chapter having taught for a decade, a course called "Social Status of Age Groups", and having published in the domain that became the life course perspective, including a major review, "The sociology of ageing: A trend report and bibliography" (1959). In "Life Course and Social Structure", Cain draws on numerous sources, ranging from classical thought to the social science literature prior to 1960, to provide the first, systematic statement of the life course perspective. In this paper I describe the nature and importance of Cain's theoretical gift to the field of social gerontology.

(71) Lessons from Preschool: Creating a Star-rating System for Assisted Living Facilities Inspired by Early Childhood QRIS

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We propose that states implement a strategy aimed at improving the quality of services and reducing the risks of unsafe care in assisted living (AL) settings, by: (1) identifying key stakeholders, i.e., regulators, advocates, providers; (2) establishing common standards for assessing quality and safety in AL settings; (3) developing a consistent but flexible framework for improving performance over an extended time period by developing and implementing a quality rating and improvement system (QRIS); (4) committing requisite attention and resources to sustain this effort. Statewide quality rating and improvement systems (QRIS) in the early childhood sector have been widely implemented and led to substantial improvements in services over the last decade, suggesting that adapting the QRIS approach in AL is promising. Combining evidence based indicators of quality of life and established measures of quality in AL into a recognizable "star rating" is the first step toward achieving positive outcomes similar to those found in the early childhood sector. The process should give 1 star for simply being licensed, 2 stars for agreeing to be in a voluntary rating system, and 3 to 5 stars for implementing and sustaining mutually agreed upon targets selected from a menu of evidence based quality indicators. Expected outcomes include: enhanced transparency; increased provider buy-in, stronger alignment of consumer preferences with quality options; simplified and clarified regulatory activity; and most importantly, the promise of improved quality of life for the rapidly growing segment of the population requiring AL services.

(72) Residents' Perceptions and Experiences of Desire and Opportunity for Companionship in Assisted Living

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Sexual activity and a desire for companionship does not necessarily decrease with age; however, the availability of partners can limit

opportunities for companionship. A complicating factor for understanding issues of partnership, sex, and intimacy for older adults is the use of long-term care. Using in-depth interviews with Assisted Living (AL) residents and grounded theory methods, we examine how the context of AL shapes the opportunities and experiences of residents with dating, cross-sex companionship, and repartnering in six AL facilities. The ability for AL residents to engage in dating, intimacy, and repartnering in the AL setting was controlled by individual and community factors. Although sexuality and intimacy are framed as intensely personal decisions, we found that the context of assisted living shaped residents' sexual decision making. What is unique to AL is how desire and lack of desire are expressed, the environment in which relationships take place, and the individual and institutional barriers and opportunities that influence the ability to seek and find companionship. This research expands previous studies of sexuality and older adults by examining not only opportunity structure for repartnering but also explaining how the social climate of AL influences individual behavior.

(73) ARTmail for Alzheimer's: Challenges and Discoveries in Delivering and Evaluating a Creative Arts Program for Seniors with Memory Symptoms

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With support from the National Endowment for the Arts, UNCG and CAN-NC have partnered to deliver and evaluate ARTmail for Alzheimer's: a participatory creative arts program for seniors with memory symptoms or dementia, over 18 months in 2016-2017. CAN-NC delivers the program to senior care communities in Greensboro, NC. The art program, based on abstract expressionism, does not require ability for exact representation. It comprises a one-hour art creation session each week for eight weeks, and an art exchange with a partner at another care site. UNCG evaluates whether participation improves key neuropsychiatric symptoms of memory-impaired seniors: agitation, apathy, and depressive symptoms. Caregivers of participants, and of a control group who engage in their usual activities, are interviewed before and after the eight-week period. Students receive hands-on training in gerontology throughout the process. The symposium includes 4 short presentations and a demonstration. First, presenters report a description of program evolution and design. Second is a presentation on research rigor vs. ground reality in community engaged participatory research. Third, emerging findings on the informed consent process among decisionally impaired participants, and fourth, on student training in gerontology field research, are reported. Next, is a participatory demonstration of ARTmail where attendees will receive hands-on exposure to the principles, 'promising practices', and challenges of designing a participatory creative activity for seniors with cognitive impairment. Feedback and exchange of ideas are sought.

(74) The Power of Place: A Conversation with GRITS Honorees on SGS

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While other regional gerontology organizations have shifted away from their regional identity to a national audience-based or theme-based identity, the Southern Gerontological Society (SGS) has remained primarily focused on its region. That region--the South--has long been considered a unique place (or collection of similar places) despite the forces of globalization and cultural convergence. More specifically, the Southern Gerontological Society has retained its roots in the South largely because of the identity and meaning of the South as a *place* that has an important influence on aging and older adults. In this panel session, we utilize the wisdom of Gerontologists Rooted in the South (GRITS) to discuss the issues associated with SGS's continued regional focus. GRITS awardees are individuals who have made important contributions to the Southern Gerontological Society (SGS) and to the field of gerontology through research, teaching, administration, advocacy, or applied practice. A GRITS panel is especially prepared to take up questions of place and gerontology in the South, and to reflect on why a regional focus is still important or not. This panel will be a 'talk show' style panel where GRITS honorees are interviewed about the power of place and regional identity in gerontology in the South as well as the influence of SGS on their scholarship, applied practice and careers. GRITS panelists include Jo Ann O'Quin, Victor Marshall, Graham Rowles and Frank Whittington. Malcolm Cutchin, a social geographer and gerontologist and Jennifer Craft Morgan, President-Elect for SGS will be the "hosts" for the panel.

(75) Family Caregiving Across Time & Space: Lessons from New Zealand

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Family policy, as well as policy for older people, has been analyzed within a national or regional framework, concerning itself with state legislation and the provision of services. Given that more people 'permanently' migrate than in the past, migration has taken on greater policy prominence, especially in US contemporary policy discourse. But beyond families relocating from 'here to there' and generating new social needs and issues, an important consideration is how increased migration has contributed to a family being extended beyond national boundaries to become dispersed, global, or transnational families. This paper explores how families have undertaken aging care in this context.

Data for this project draws upon correspondence records (1852 - 1900) of the three families held in the Hocken Collection Archives, University of Otago, New Zealand. Focusing on the 'actors point of view,' historical records were examined between relatives who lived

in New Zealand and relatives living in their country of origin. Challenged by the financial, practical, and emotional support aspects of caregiving, families employed diverse strategies to manage caregiving over great geographic distances. The most common strategy, present in 65% of the correspondence, was to pay another individual to provide care. Prevented by the immigration laws, moving their older relative in closer proximity was a very limited option. This paper concludes with a discussion of how emerging communication strategies and changing political and legal changes illuminate both care in faraway places and those closer to home.

(76) American and Korean Boomers: Sharing the Journey into Retirement

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South Korea has become the newest (and fastest) global super-aging society with a trajectory that will lead to over 20% of its population ages 65+ by 2026, nearly tripling from 7% in 2000. Factors contributing to South Korea's rapid growth into a super-aging society include low-fertility, increased longevity, and the Korean Baby Boom following the Korean War's end. This paper begins with a comparison of South Korean Baby Boomers, born between 1955 and 1963 with the American Boomers. Similarities are located in educational achievements, caregiving older parents, and retirement concerns; however, distinctions are also noted in financial preparation, retirement savings, employment planning, and long-term care needs between Boomer groups. Cultural changes and potential generational conflicts in the workplace and within families for each country will be discussed next providing some surprising outcomes that have potential consequences for older adults. Finally, the paper will provide recommendations directed at addressing potential generational conflicts resulting from population aging in both countries as each cohort of boomer share the journey into respective retirements.

(77) Adult Foster Care as a Mechanism to Support Aging in Place in North Carolina

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I interviewed 26 Adult Foster Care (AFC) providers in North Carolina to understand their experience of AFC as community-based long-term care. AFC provides care for older adults or adults aging with disabilities in a home-like environment, providing residents with greater access to their communities as well as continued opportunity to be involved with their biological families. Nearly all providers (n=23) acknowledged relational reciprocity with residents. This equitable and mutual relational dynamic was accompanied by providers' efforts to make their residents' lives as good as possible, supporting them to improve their health conditions and to live dynamically, with regular opportunities and encouragement to engage in activities in the larger community. Almost all providers (n=21) indicated a humanitarian motivation for providing care. It is important for states and the public to gain insights into how much providers are giving in their various ways of investing in this mechanism for aging in place.

(78) Health Motivator Effectiveness Study

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Living a healthy lifestyle is important at every stage of life; however, few health promotion programs are marketed to older adults. Older adults, especially in rural areas, have difficulty accessing many tools that lead to a healthy lifestyle such as a safe place for physical activity, healthy food options, and the latest health information specific to their demographic. The Health Motivator Program is a participant led program that was started in 2008 to provide solutions to these problems. This program was originally implemented in West Virginia Community Educational Outreach Service (CEOS) clubs, and although it has spread to other community organizations, CEOS members, who are mostly women over 60, remain the bulk of the program's membership. The Health Motivator Program was designed to encourage members and their families to live a healthy lifestyle by providing up-to-date health information, suggesting healthy foods and recipes, and providing low impact physical activities. For this study, CEOS members were surveyed in their regional spring meetings, WVU extension agents completed an online survey, and a random sample of Health Motivators (group leaders) were surveyed by telephone. Survey questions addressed ways the Health Motivator Program is being used, respondents' perceptions of the Health Motivator Program, and ideas for improving the program. CEOS members, extension agents, and Health Motivators reported a positive change in healthy behaviors in the serviced population. Programs such as the Health Motivator Program can provide valuable health information and facilitate healthy changes in an older adult population.

(79) Healthy For Life: Clinical - Community Models for Healthy Aging

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The nation's 2687 Y's serve more than 20 million people each year in 10,000 communities. 57% of U.S. households live within 3 miles of a Y. With over 34 billion dollars spent in 2014 on falls and falls related accidents alone, the socioeconomic cost of aging will likely skyrocket over the next 15 years. Physical inactivity, social isolation and poor nutrition choices increase the likelihood of co-morbidities in this population. Increasing rates of chronic disease and obesity combined with needs associated with an aging population, many with health inequities among people of different backgrounds provide an opportunity for Y's to partner with key stakeholders who influence health and wellbeing.

Y programs are a day-to-day, long-term source of community support for disease self-management and behavior change as well as an affordable way for patients to maintain their therapy achievements over time in a safe and social environment.

In this presentation, we will describe the goals, target population, content, and support for bi-directional clinical community partnerships to serve older adults through programming that addresses the physical, psychological and social needs of older adults and evidence-based programs for chronic disease prevention, physical activity and fall prevention currently offered by the YMCA. We will also discuss how each evidence-based program is managed and delivered by the YMCA, including staff credentials and outcomes assessment.

(80) Aging in the United States: Experiences of the Former Soviet Union Immigrant Women

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Approximately 750,000 Americans claim Russian ancestry. The goal of this study is to examine the aging experiences of the ethnically diverse group of Russian-speaking immigrants. The sample was 16 immigrant women from a Mid-Atlantic region, who moved to the United States after the collapse of the Soviet Union. The sample included nine Jewish, three Ukrainian, two Russian, and two multiethnic (Lithuanian, Polish, and Russian) women. The length of living in the United States ranged from 4 months to 22 years. Two semi-structured interviews, each lasting about 90 minutes, were conducted with each participant and analyzed using a thematic analysis approach. When the participants discussed their current lives in the United States, the following themes emerged: "Meaning of life in productivity and independence," "satisfaction with what they have," and "constant comparison across two countries." The first theme defined the ways the participants were trying to stay independent and the feeling of guilt they experienced as their productivity declined after immigration. The language and cultural barrier and, for some of the participants, health were the main reasons for increased dependence. The second theme described the participants' attitudes towards their current financial well-being. Since all the participants experienced severe poverty and immense hardships during their childhood and adolescent years in the Soviet Union, they appreciated the resources they had in the United States. The final theme illustrated how the participants compared family values, access to resources, availability of social services, and caregiving practices in the United States and their home country.

(81) Community-Based Intervention: African-American Grandmothers Raising Grandchildren

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Current statistics report that there are more than two million African-American grandmothers serving as custodial caregivers for their grandchildren in the US. Virginia is no different and in fact these statistics bear true in the community of Newport News. African-American grandmothers of children attending the Achievable Dream Academy will be the focus for this community based intervention.

The intervention will replicate arm of an existing program called

"Project Healthy Grandparents" based at Georgia State University in Atlanta. Project Healthy Grandparents is an evidenced-based program that focuses on improving the health of grandmothers caring for school-aged children. This program brings together community partners to work together in delivery of culturally-sensitive care and address health needs right in the community.

The aims of the community based intervention will focus on improving management of chronic disease during visits with the advanced practice doctorate nurse (DNP) to the school-based clinic. The DNP will provide short term case management services to include health assessments, education on individual risk factors, develop shared goals to reduce risk factors, and review prescribed and over the counter medications.

Collaboration with community partners will help build sustainability of the program. These stakeholders will include the Riverside Center for Excellence in Aging and Lifelong Health, Hampton University School of Nursing and Pharmacy, Norfolk State University School of Social Work and the Community Free Clinic of Newport News.

(82) Redefining Autonomy: Why Richmond, Virginia Needs Autonomous Vehicles to Address Critical Transportation Inequities among Older Adults

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The self-driving car could revolutionize travel for older adults, especially in areas underserved by public transportation such as Richmond, Virginia. This paper examines what efforts could be made around autonomous vehicle implementation toward communities that would benefit the most from the technology, as well as some of the efforts already underway to incorporate autonomous vehicles as a civic service in Boston. In addition, this paper reviews and analyzes literature that focuses on the narrative that older adults are uncomfortable with self-driving technology, with an eye toward framing the issue toward progressive adoption practices rather than fear.

(83) Age and Perceptions of Access to Transportation and Health Care Resources

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Access to care in the United States remains a priority issue, even as the U.S. experiences increased opportunities for health care coverage resulting from passage of the Patient Protection and Affordable Care Act. Individuals residing in rural communities continue to experience reduced health care access due to a lack of local providers, fewer transportation alternatives, and the closing of local hospitals. Framed by Andersen's Behavioral Model of Health Services and Jones' Levels of Racism Framework, this study examines the relationship between age and perceptions of access to health care resources within local communities. Data come from the Rural Health Issues Poll 2 using a probability sample of Georgia

registered voters. Multi-variate models (N=476) are used to examine the relative impact of age, race, income, barriers accessing local doctors/providers, issues related to distance/transportation on residents' perceptions and the role of community support on perceived access to health care. State-level analysis indicates that age, race and income are important predictors of perceived transportation barriers to health care access and perceived access to local doctors/providers. Distinct differences are noted in the income of rural Black and White individuals with significant relationships existing between income and perceived barriers. Policy recommendations include encouraging public communication of access concerns, representative inclusion of local residents in economic development efforts, expanding partnerships that include stakeholders from community, private, and public organizations with targeted input from underrepresented groups, and state-level commitment to support the development of health care resources in underserved rural communities.

(84) Current Trends in End-of-Life Music Therapy

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Three end-of-life music therapists integrate related research within hospice and bereavement care. Presentations reflect the role of music therapy and total pain with hospice clients, pre-bereavement music therapy with caregivers and experiences of a grief choir.

- 1) The therapeutic relationship and the aesthetic container of music are combined in music therapy to address total pain (e.g., physical, psychological, interpersonal, spiritual/existential) and suffering in dying persons. As a highly individual, culture-centered practice, music therapy can help hospice patients and families address various quality-of-life needs.
- 2) During pre-bereavement, familial caregivers are challenged to facilitate a healthy death experience for the care recipient while also attending to their own process of saying goodbye. A music therapy model of resiliency development in pre-bereaved caregivers was developed. This model also situates music therapy as an integral end-of-life care service providing unique benefits distinctive from other treatment team disciplines.
- 3) How does a person grieve musically? One way is through the voice and with the help of a grief choir. When grieving, a person no longer sounds the same nor is the same. The voice reflects identity and is part of the griever's physical body. The grief choir has sought to focus on the voice as an instrument of healing and on the participants' development of new identities in the grief process. This presentation will discuss theoretical foundations of the grief choir, a case study and recent experiences of starting another grief choir.

(85) The Unity in Community: Highlighting Intersections of Age and Dementia Friendly Communities

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Participants:

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The United States population is aging and leaders are primed with an unprecedented challenge and opportunity: to create well-designed, livable communities that promote health and social inclusion, sustain economic growth, and cultivate happier, healthier residents of all ages and abilities. With the recognition that our aging cohort represents a wide variety of ages and ability levels, this symposium will: (a) highlight the distinction between (aging in place and aging in community); (b) compare and contrast the components of an age-friendly and dementia-friendly community; (c) illustrate examples of effective collaborations between public and private sectors to evoke systems and policy change; (d) encourage participants to share ideas and envision their role in creating a community that is livable for all ages and ability levels.

(86) What Will They Do? Where Will They Go?--II: The Urban Neighborhood

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Trends in housing research confirm that most older adults desire to "age in place" and an increasing number of communities are addressing that desire by preparing to plan for that trend. In addition they are tackling the challenge and opportunity to maintain a vibrant and diverse multi-generational community by retaining and attracting younger residents. The purpose of this study was to ascertain, by means of a survey, the future needs of the 50+ residents of a diverse neighborhood in the City of Cincinnati, Ohio, which will allow them to age in place. Additionally, focus groups from the five quadrants of the neighborhood were held to further identify local concerns.

Surveys were mailed to a random sample of 400 individuals obtained from voter registration lists of Kennedy Heights residents aged 50+. A response rate of 28.8% was achieved. Length of residence is high with 61% of respondents living in the neighborhood more than 15 years. Eighty percent of these expressed an interest in receiving community services from the Area Association on Aging. Those same long-term residents were 52% male/62% female; 44% identified as White/73% identified as Black/African-American.

The community is interested in retaining these long-term residents and wants to address the concerns of the age cohorts who say they are likely to move in the next 10 years: 50-59 (42%); 60-64 (32%); 65-69 (29%); 70-79 (45%); and 80-85 (41%) to create a neighborhood that will facilitate their needs.

(87) Factors Affecting Internet Use Among Older Adults

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Although internet use among older adults has increased over the last decade, older adults continue to lag behind younger adults in internet use. According to the most recent Pew survey, thirty-nine percent of older adults in the United States do not use the internet. Moreover, among older adults who do use the internet, time spent on the internet, and the breadth of internet usage, are less than time and usage patterns among younger adults. Some older adults who had used the internet no longer do so.

This paper investigates whether the following factors can help explain internet non-use and under-use among older adults: internet attitude, social isolation, age, gender, education, "feeling too old," and ethnicity. The paper will also explore how mode of internet access (fixed wire, wireless, or both) is related to the breadth and depth of internet use among older adults.

Breadth of use will be assessed from participation in the following activities: information/news, shopping, social/entertainment, music/videos, health information and services, email, work-related use, and other. The ethnicity identifiers are Burmese, Southeast Asian, Hispanic, Asian, Black and Caucasian.

Data is generated by in-person surveys of older adults in Eastern Massachusetts. Surveys will be conducted by University of Massachusetts Lowell students, in ethnic community centers, senior centers, and with older adults without group affiliations. Logistic regressions will be conducted to analyze the data.

(88) Design Thinking as a Strategy for Older Adults Solutions

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Design Thinking is a methodology used by designers to solve complex problems, to find solutions towards creating a preferred future. Designing for aging requires focused expertise, considerations, and principles for bringing about effective solutions for the population. While there is vast knowledge on each of these areas, little has been discussed and presented at the intersection of the two. This presentation will introduce a system for design thinking for older adults. The system is comprised of a seven-phase "P" methodology: Position, Purpose, Prosthetics, Place, Participation, Potential, and Presentation. The presentation will discuss a case study on the application of the designing thinking P process for a project "Aging and Health(care) 3.0: Place of Aging". The significance of this presentation is to introduce approaches that better identify solutions when designing for the older adults. It is to discuss approaches that are contextual and personal, in the realm of designing for "one" in the context of "many".

(89) The Effect of a Lifestyle Intervention on Health-related Quality of Life in Older Adults with Hypertension

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Many older adults perceive reduced health-related quality of life (HRQOL) due to chronic diseases. Developing effective interventions to improve HRQOL in older adults is essential. This study used a secondary data analysis to test the effects of a 6-month lifestyle intervention on the changes in HRQOL in older adults with hypertension. The original study, a NIH-funded study, was a randomized controlled trial with pretest-posttest design. A total of 196 participants were randomly assigned to the intervention group (n=103) and the control group (n=93). Descriptive statistics and hierarchical multiple regression were used to analyze characteristics of the sample and hypotheses testing. The results indicated that there were no statistically significant differences between the intervention and control groups on change in HRQOL, but the final regression models were statistically significant. In the final hierarchical regression model, demographic variables, SF-36 mental component summary (MCS) score at baseline, intervention vs. control, stress at baseline, change in stress, social support at baseline, and change in social support accounted for 39% of the variance in change in the SF-36 MCS ($p < .001$); demographic variables, SF-36 physical component summary (PCS) score at baseline, intervention vs. control, stress at baseline, change in stress, social support at baseline, and change in social support accounted for 18% of the variance in change in the SF-36 PCS ($p < .05$). This study suggests that further research should be considered within individual, interpersonal, societal, and cultural factors when developing lifestyle-based interventions for older adults with hypertension.

(90) Addressing an Invisible Epidemic: Older Adults and Alcohol Abuse

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Alcohol abuse is one of the fastest growing health problems among older adults, raising concerns regarding society's ability to provide adequate and affordable services and treatment options for this population. However, it remains an invisible epidemic insofar as being under-estimated, under-identified, under-diagnosed, and under-treated (Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2012). Alcohol abuse is linked with a number of health-related injuries and increased risk factors for developing or exacerbating physical disease and psychological disorders (Johnson & Sung, 2009). Moreover, the low visibility of alcohol abuse as an issue among older adults increases health care costs and contributes to higher disability and mortality rates. This paper discusses the risk factors and negative health consequences for alcohol abuse among older adults and barriers to treatment for these individuals. Second, this paper identifies gaps in resources such as deficient funding, limited research, inadequate insurance coverage, lack of specialized training and services, and the absence of evidenced-based treatment tools and interventions. Finally, this paper recommends ways in which specific policy changes might help older adult with alcohol abuse issues overcome barriers to treatment, in combination with improvements in professional training, treatment options, and public education, in order to improve the overall health, functioning, and quality of life for these individuals with the aim of supporting their wellness and allowing them to age successfully.

(91) How New Health Occupations Come To Be: Explorations in the Socio-political Ecology of the Health and Eldercare Workforce.

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Gerontologists note that employment in the US health and elder care sectors is rapidly growing in response to an aging population. Yet the number of different kinds of health occupations has also increased. From 2000-2010, 9 of all 24 new occupations were in healthcare and 80% of comments to the BLS about its most recent occupational reclassification focused on health related occupations. We propose 3 broad pathways through which new occupations start that align them with 3 major interest group coalitions identified by Alford: *corporate rationalizers, professional monopolists, and equal health advocates*. The establishment of new occupations must attempt to neutralize rival claimants' and address concerns of various stakeholders that populate the complex US health workforce policy environment. Structural constraints within the US health care (non-) system affect how occupational groups in this sector come into being, survive, and function. New health occupations must be implemented in ways that are: *legally permitted, clinically sound, financially feasible, liability risk minimizing, community responsive, definable as a job, can be institutionalized or reproduced, and is credible to patients*. This paper identifies 7 key stakeholders, describes how they typically align with the 3 major interest group coalitions, and exemplifies the framing of a new occupation for moving older patients across care settings (e.g. hospital to nursing home) The implications of founding sponsorship of an occupation on how various tasks are defined and the way in which services are delivered to elders in community and residential care settings will be discussed.

(92) Attitudes Towards One's Aging: The Influence of Perceived Socioeconomic Status and Income

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The purpose of this study was to examine the effects of income and subjective social status on attitudes towards aging. Attitudes towards one's aging are an important component in an older individual's well-being, in the sense that the psychological health component to aging and self-perception is just as critical in maintaining as physical health. Subjective social status and income are often predicted to influence of one's perceived definition of success and well-being in middle to late stages of adulthood. Proactive coping and major stressful life events were also measured to predict attitudes towards aging. 332 participants from the MACE (Mindfulness and Anticipatory Coping Everyday) study (Neupert & Bellingtier, 2016) were recruited from a Human Intelligence Task (HIT) on Amazon's Mechanical Turk. Participants reported baseline aging attitudes, income, subjective social status, major life event stressors and awareness of age-related change in loss and gain domains. Results suggested that individuals who reported having major life stressor events had more negative feelings towards own aging, while those with higher levels of proactive coping displayed more positive feelings. Income and subjective social status displayed varying results; income was

nonsignificant, but those who ranked themselves higher on the scale at the community level had negative feelings towards aging. Further implications of this discovery are discussed.

(93) Impact of a Senior Center on Participants and Its Implications for Future Research and Policy

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Senior centers offer older adults the opportunity to participate in a variety of programming and services. These programs and services can span from educational and art series to physical fitness classes. While senior centers throughout the nation differ in size and what is offered, the primary goal is to maintain a level of excellence presented to its consumers. Because of this, it is important to continuously evaluate the effectiveness of programs and the way in which the senior center participation impacts older adults. This study relies on data of older adults who participated in activities at a senior center in Charlotte, North Carolina throughout the 2014-2015 fiscal year to examine the impact the senior center made on the older adult participants in different areas in their lives. Findings from this study suggests that older adults who regularly participated in the senior center programs showed overall improvement in a variety of areas pertaining to their quality of life. Implications for future research and policy will be discussed.

(94) Structure of Physical Activity Regarding Energy Expenditure and Sleep Quality in Community-dwelling Older Adults

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Regular physical activity in older adults is known to increase lifespan, prevent chronic diseases, improve cognitive maintenance, increase self-efficacy, decrease mortality, and reduce risk of falls. Older adults who are physically active have lower mortality rates compared to those who are inactive, however, 60% of older adults don't participate in exercise. Increased sleep quality and sleep efficiency have been associated with better quality of life, improved health, and increased overall energy expenditure. This study examines current structural tendencies of physical activity in older adults and if these individuals meet the American Heart Association recommendations by measuring energy expenditure levels. In addition, the study examines how physical activity structure and sleep quality are correlated. Classification of physical activity structures are (1) instructed exercise, (2) independent exercise, (3) lifestyle physical activity, and (4) not physically active. Participants are asked to complete Yale physical activity recall (YPAS), Short Form-36 (SF-36), Pittsburgh Sleep Quality Index (PSQI) to assess perceived activity level, quality of life, and sleep quality, respectively. Moreover, we are measuring total daily caloric expenditure and sleep efficiency utilizing a Fitbit HR worn for 7 consecutive days. Many physical activity/ exercise studies do not investigate the improvement of sleep behavior as a component of overall health. We expect the data to indicate that exercise is correlated to higher perceived sleep quality. In addition, that exercise is correlated to individuals meeting physical activity recommendations.

(95) Still Alice: a Comparison / Contrast of the Book and Movie with Recommendations for Support Groups

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Family caregiving remains the most common form of care for older adults. Family Caregiver Support Programs throughout the United States continue using only the *Still Alice* novel in the support groups despite the fact that the novel was later converted into a Golden Globe, Academy Award, and AARP Movies for Grownups Award winning movie.

The issue with this is that both novel and film are award-winning sources of media and yet there is still no significant guide combining the both the information on caregiver challenges from the book and movie.

Through this research project a standard for support group facilitators across the country is created that will detail the different accounts of Alice Howland, her family caregivers and their accounts of Alice's battle with an uncommonly rare form of Alzheimer's Disease according to the book and movie. This standard for facilitators will also give specific in depth examples of The Ten Warning Signs of Dementia, Senior Gems: The Stages of Dementia and suggestions for maximizing the effectiveness of these instrumental resources. These specific examples will also be cross-examined between the book and movie to better show the pros and cons of each of Dr. Howland's family members caregiving methods.

The presentation includes a facilitator's guidebook with a table of contents dividing the guidebook based on each of The Ten Warning Signs of Dementia, Senior Gems: The Stages of Dementia, and a recommendations section for maximizing the implementation of these instrumental resources.

(96) Dealing with Dementia: Building Expert Consultants on Dementia in the Home Care Arena

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Family caregivers and direct care workers serving families coping with dementia in their homes can be powerful supports to each other. The Dealing with Dementia (DWD) Behaviors Project, launched in Georgia by the Rosalynn Carter Institute for Caregiving, utilizes this synergy in an innovative training model. Engaging Area Agencies on Aging and home care agencies across the state of Georgia, the training and newly created DWD Guide will demonstrate improvements in participant knowledge of dementia, ability to respond effectively to dementia behaviors and in self-efficacy in managing dementia behaviors. While creating the "expert consultant" of direct care workers, the DWD training model strengthens the partnerships between family and caregivers and the workers who support them in their homes. The DWD Guide, based on the RCI REACH caregiver support tool, becomes an ongoing reference for both while they provide quality care and develop effective self-care behaviors. Preliminary data results

indicate an expected increase in knowledge of dementia ($t(451) = 25.76, p < .001$) and in the attendees' confidence in managing dementia behaviors ($t(216) = 4.85, p < .001$). A telephone survey conducted six month post treatment is expected to reveal a reduction in the amount of "bother" experienced by both professional and family caregivers in response to dementia behaviors. Goals for the workshop include: providing a model for strengthening the relationships between family and professional caregivers; introducing the DWD Guide, a reference guide for caregivers; and increased awareness of the challenges and triumphs of dementia care.

(97) Methodological Innovation, Human Cognition, and Aging: A Changing Landscape

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Understanding and measuring cognitive processes and age-linked change in cognition have important ethical, policy and treatment implications. Public understanding of cognitive processes and cognitive disorders empowers individuals, affects public policy, suggests valid ways to prevent cognitive decline, and enhances treatment of cognitive impairment and neurological injury. This proposed workshop, consistent with the conference theme of Advances in Research and the Mental, Social and Cognitive Health track, describes how methodological innovation across disciplines, including paleoanthropology, climatology, genetics, neurological science, and psychology is changing our understanding of age effects on human cognition across the lifespan. Methodological innovations include fossil dating techniques, analysis of fauna in ocean floor core samples, using mitochondrial DNA analysis to track the migration of anatomically modern humans, and use of functional imagery to mark elasticity in brain regions and neural circuitry. These methodological innovations combine to emphasize human adaptation underlying cognitive capacity. The audience will be asked to comment on the potential of multi-disciplinary research to change the way we think about aging and cognition and health policy underlying the treatment of cognitive disorders and neurological injury in older adults.

(98) A Strategy to Increase Volunteer Respite Care for Older Adults among Communities of Faith

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There will be a dramatic need over the next 15 years to increase volunteer respite care for older adults among communities of faith. This proposed abstract will address:

1. The congruency of the faith community teachings and the need for volunteer respite care for older adults--Most faith systems teach that there should be an awareness and responsibility for communities of faith to care for older adults.
2. Methods to raise awareness of need within communities of faith--Many attempts to raise awareness within faith communities have failed because of the need being ignored within the congregation/community. This section will present practical ways to approach raising awareness of the need for older adult care within

the faith community.

3. Opening bridges of connection between faith communities and the needs for respite care among older adults--There is often distrust when a need is brought to faith communities by those whom leadership consider outside agencies. This section will address how to communicate the need of respite care for older adults to faith community leaders by addressing the physical need before the emotional need for respite care among older adults.

4. General education strategies for respite care training within communities of faith--This section will address the basic education that is needed for volunteers respite caregivers within a community of faith. My intent is to also address action steps that faith communities must take to insure proper volunteer respite care of older adults such as background checks, organizational safety issues, and liability coverage needs.

(99) Writing as Inquiry for Student Self-Understanding and Integrity in Gerontology Studies

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This paper presents the value of writing as inquiry for student self-understanding and integrity in gerontology studies, particularly in preparation for student engagement in fields of gerontological service. Scholarly literature corroborates that the act of writing alters the way we think about what and how we know; it follows that writing gives meaning and values to what we are learning. Similarly, through writing, students are able to understand their own values and positions with regard to course topics and concepts, and through establishing this self-awareness, they have a more stable, grounded platform for their own integrity and for exploring these topics and concepts related to communities and cultures outside of their own experiential parameters. Such a stable platform based on self-knowledge can support more thorough exploration of coursework, a broader understanding for gerontological field study, and readiness to work with and serve others. Creative Alternative Processes (CAP) is one methodological approach to writing as inquiry, and it may be harnessed to support students to develop empathy for those that they learn about in gerontology studies and seek to serve in human services. In this workshop, I will support faculty to consider how they may implement writing as inquiry methods to support students to have maximum exposure to the course material, opportunity to acknowledge and state their positionality with regard to the content, occasions to reflect on material with peers, and ultimately foster greater community engagement.

(100) Cultivating a Retaliation-Free Environment

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Retaliation and the fear of retaliation are a reality for many individuals who receive community-based services, or reside in long-term care communities. This session will explore how the fear of retaliation affects the quality of these individuals' lives. Participants will take a candid look at the powerful experiences of

five nursing home residents who were victims of retaliation, and identify simple, low/no-cost strategies any agency or facility can use to reduce clients' fears of retaliation. This session will be useful to anyone committed to providing exceptional care and customer service to older and disabled adults in an abuse-free environment. Come and learn how to foster a culture where clients feel empowered to share their concerns and ideas! This presentation will use video, handouts, and facilitated discussion to help caregivers:

1. Understand that retaliation and the fear of retaliation is a reality for many individuals who receive services in their homes or who live in long-term care communities.
2. Recognize the many forms of retaliation, which are often subtle and hard to detect.
3. Learn ways to provide care in a manner that overcomes fear of retaliation.
4. Heighten awareness of retaliation.

(101) Advocacy in Motion. Be the Voice. Take Action. Together.

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As the Census Bureau confirms the older adult population is expected to double by 2030, many of these individuals will become the most vulnerable citizens in our communities. There is an evidential need for advocacy to protect and create a voice for these individuals. Public officials and other community stakeholders need to be educated about the concerns of older adults and individuals with disabilities. Engaging elected officials in these concerns increases the political and economic power of advocacy. The concept of evolving voice into action accompanied by years of successful public policy endeavors provided the foundation and inspiration to establish Advocacy in Motion (AIM) at Western Reserve Area Agency on Aging (WRAAA). Assisted by The Center for Community Solutions, a local advocacy icon, AIM has successfully trained over 100 volunteers, establishing AIM teams in each of the five Northeast Ohio counties WRAAA serves. WRAAA AIM teams create passionate positive change at the local, state and national levels through educating, sharing resources, providing valuable tools, building relationships and collaborating with community stakeholders. As the momentum of AIM continues to build awareness and expand its reach, WRAAA hopes AIM will become a successful model inspiring other organizations to move from voice to action.

(102) Using a Positive Physical Approach" (PPA) to Care Workshop for Health Care Professionals using Teepa Snow curriculum

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1. Below are objectives for a 1 hour Workshop "Using a Positive Physical Approach (PPA)" – Starting ALL Interactions.

- Describe changes in visual processing that impact a person's

ability to initiate interactions and respond to efforts to communicate and interact that are initiated by others, when dementia is present

- Compare and contrast unintentional and traditional social greeting and communication efforts with PPA structured interactions as it relates to reactions and responses from the person living with dementia.
- Discuss the rationale that supports each step of the PPA process.
- Demonstrate hand-under-hand technique in at least four out of seven possible applications (greeting, comforting, attention, mobility, task initiation, tool/utensil use, and participation in tasks & activities)
- Discuss purpose and value of using hand-under-hand technique with people living with dementia
- Discuss reasons for and steps in modifying PPA for specific 'special cases' (blindness, deafness, sleeping, mental health issue, stroke, etc.)

(103) Supporting Persons with Dementia: The Use of Improv and a Review of National and State Policies

Jodi Teitelman, Ph.D |Christine Jensen, Ph.D | Karen Stobbe | Mondy Carter

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This annual workshop will review current and pending legislation at the national level and in selected Southern states designed to support the 34 million-plus family members providing care to older adults in the United States. Emphasis will be placed on policies targeted to those providing care for someone with Alzheimer's Disease or other neurocognitive disorder, and on initiatives providing funding and support for evidence-based programs and services. First, programs and legislation addressing family caregiving concerns at the Federal level will be discussed, including the RAISE Family Caregiver Act, Hope for Alzheimer's Act, and the National Alzheimer's Act, to include an update on the National Alzheimer's Plan. Second, programs currently available in Virginia, North Carolina, Georgia and Florida, among others, will be identified. These caregiver support programs include Operation Family Caregiver, RCI-REACH, Caring for You, Caring for Me, and the New York University Caregiver Intervention. In addition, the AARP CARE Act, now enacted in a number of Southern states, will be addressed, including how states are educating caregivers and monitoring hospitals. Finally, workshop participants will have the opportunity to exchange information about successes, challenges and state-level responses in supporting family caregivers of older adults.

(104) Healthy Aging NC: A Vision for the Future"

Ayden Jones, B.S. Jeanne Dairaghi, M.A.

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The Healthy Aging NC Resource Center is a project of the North Carolina Center for Health and Wellness (NCCHW) at UNC Asheville. Our mission is to be a leader and trusted partner in the state to help people meet the challenges of aging. We work with

nonprofit organizations, government, and businesses to provide innovative community programs and services that meet the needs of North Carolina Older Adults and Adults with Disability. Our current focus is on Evidenced Based Programs for Fall Prevention and Stanford's Chronic Disease Self Management Programs.

The objectives of the Healthy Aging NC Resource Center include:

- Increase the number of older adults and adults with disabilities in underserved populations participating in the Fall Prevention and Chronic Disease Self Management Education Programs.
- Increase the awareness of and participation in Evidenced Based Programming and provide technical assistance for these initiatives to be implemented.
- Create the systems to embed these programs into an integrated, comprehensive, sustainable statewide network.
- Save healthcare costs, reduce readmissions, improve self-efficacy, reduce injury, and increase self-efficacy among our most vulnerable populations.

The objectives are to educate, inform and raise awareness about the burden of Falls and Chronic Disease across our state and promising strategies to address them.

Did you know that falls are the third leading cause of unintentional injury and the number one cause of injury death for those 65 and older? Did you know that 91% of older adults have at least one chronic condition and 73% have at least two, including Diabetes and Arthritis? This presentation will review these facts and how the Healthy Aging NC Resource Center is working to address these issues through community collaborations, innovative strategies, and resource sharing.

Objective 1: Identify the connections between chronic disease, falls, and care transitions

Objective 2: Explore evidence-based programs that address chronic disease and fall prevention

Objective 3: Learn about local and state resources that provide information and services on chronic disease and fall prevention

Objective 4: Explore innovative strategies, such as the Training Academy, regional advisory councils, work with FOHCs, resource development/toolkits, and outreach to minority and disabilities populations.

Objective 5: Identify ways to foster community involvement by cultivating strong community partners.

(105) Fall Prevention as the Key to Maintaining Quality of life for the Older Adult

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The WNC Fall Prevention Coalition is a network of over 60 organizations in the Western Carolina region that is committed to making resources available to the community and changing the curve of fall related injury among our most vulnerable elders. As our population ages, fall injuries in North Carolina (NC) are an increasingly serious public health issue. Falls are the fourth leading cause of unintentional injury death for North Carolinians of all ages, and in every year from 1999 to 2013, the number one cause of injury death for individuals 65 and older (65+). From 2000-2013, the

unintentional death rate from falls increased 80%. The increases in unintentional fall death rates among the general population have been driven by increases in rates among those ages 65+ (35.5 per 100,000 unintentional fall deaths among 65+ in 2000; 58.3 per 100,000 in 2013). In 2013, 85% of the 960 deaths related to falls were among North Carolinians age 65+. In 2012, NC experienced 23,370 hospitalizations and 194,935 Emergency Department (ED) visits due to unintentional falls. On an average injury day in 2012, there are 2 fall deaths, 64 hospitalizations, and 534 ED visits in NC. By 2030 it is projected that 73 of NC's 100 counties will have a population in which more than 20% of the residents are 65+ compared with 14 counties in 2010. This substantial increase of older adults in NC will likely result in a drastic rise in deaths, hospitalizations, and ED visits due to unintentional falls.

Further, in 2011, the median hospital discharge fee for NC residents age 65+ admitted for a fall was \$25,404, a 35% increase from \$18,800 in 2007. The total hospital discharge fees for North Carolinians 65+ due to falls was over \$806 million dollars. Hospital

charges only account for a small portion of the total cost of a fall. Falls can also result in costs due to work loss and follow-up treatment. In 2012, 71% of unintentional fall hospitalizations were among people 65+. Of the 16,631 people 65+ hospitalized following fall-related injuries in 2012, 54% were discharged to a skilled nursing facility, 13% required home health services, 7% were sent to rehabilitation services, and 3% died. Offering systematic risk identification and targeted intervention through evidence-based clinical and community interventions can reduce falls and falls risks, and can offer cost savings.

This session will give an overview of the burden of fall injury in NC, and the work and mission of the WNC Fall Prevention Coalition. It will also discuss the need to make Fall Prevention information accessible and systemic in both the clinical and community settings. The discussion will focus on building bridges between partners, and particularly on the need for connecting to Older Adults with Fall Prevention education and several NC based strategies for doing so.

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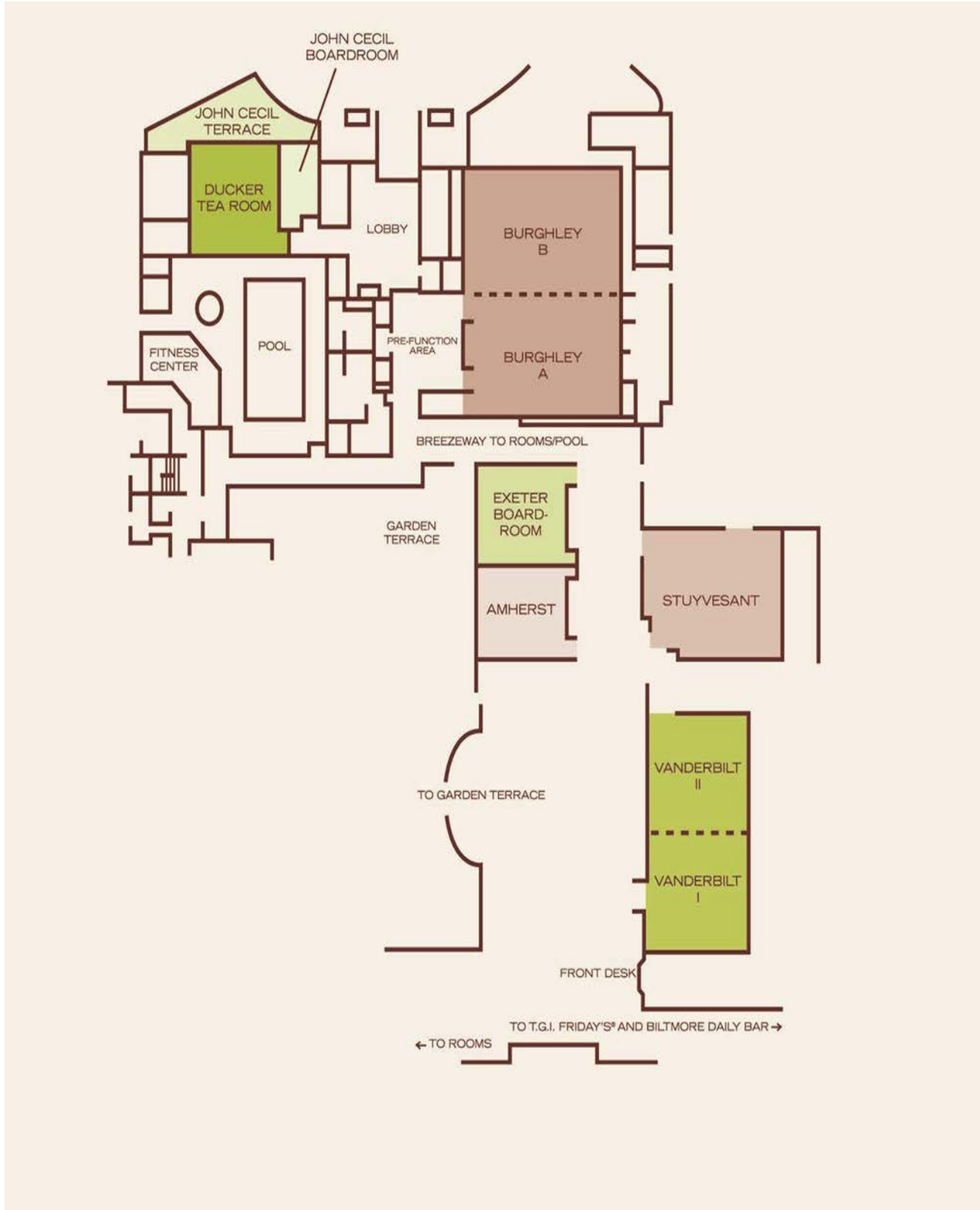
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