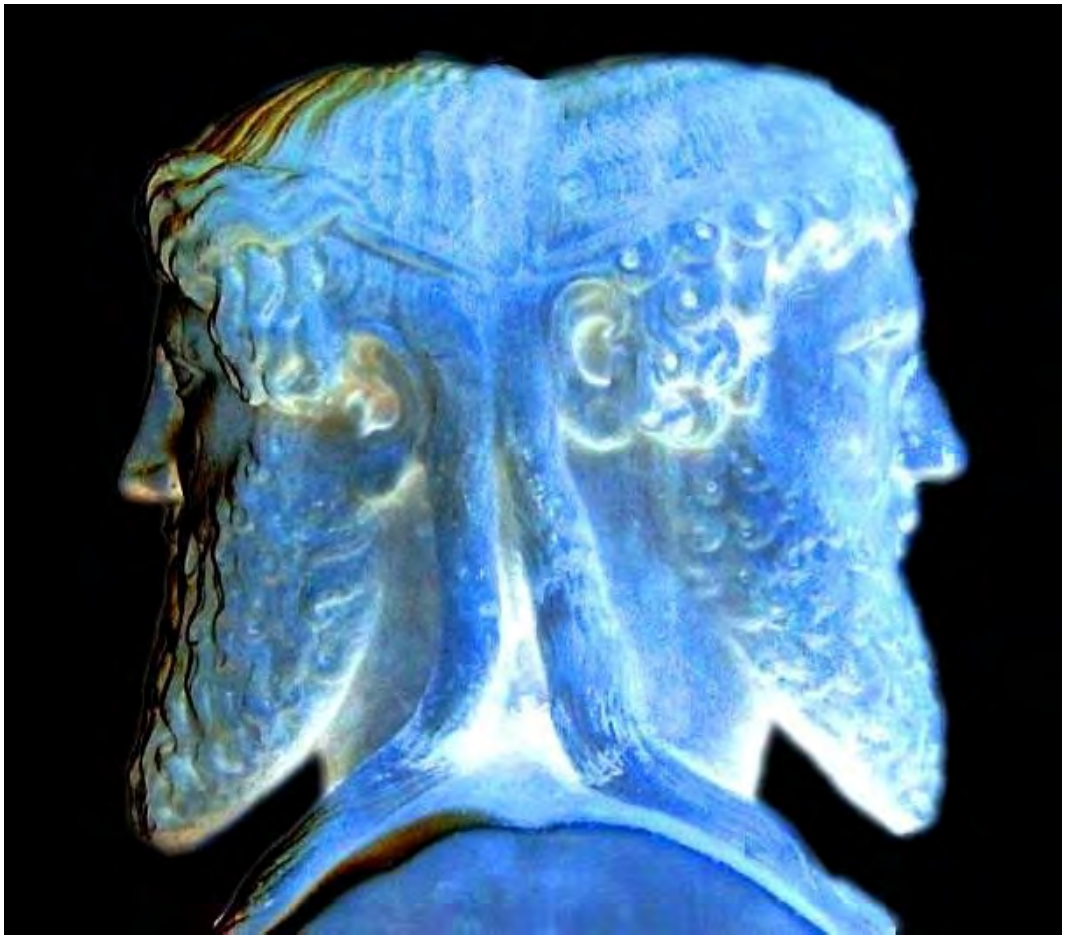
The Past as Prologue



30th Annual Meeting
Southern Gerontological Society

Thursday – Sunday, April 16 –19, 2009

Hilton St. Petersburg Bayfront
333 First Street South
St. Petersburg, Florida 33701

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The City of St. Petersburg



Welcome to St. Petersburg, Florida. St Petersburg and Pinellas County offer an unequalled environment for work and play - and our conference! Wonderful weather and miles of sandy beaches, a relatively low cost of living, agreeable taxes and progressive employment opportunities draw people to the area from around the nation and the world.

Add to these amenities quality schools, colleges and universities, top-notch health care, affordable housing, and outstanding arts and recreational facilities, and it is easy to see why the city is so attractive to new residents and visitors alike.



Downtown St. Petersburg is home to many of the finest cultural attractions in Florida, all conveniently close to the Hilton. You can walk or get a ride from the Hilton's vans (within a 5-mile radius). Even more fun is the Looper, St. Petersburg's downtown trolley, which stops at the Hilton four times each hour and can take you to most of the attractions listed below. It's only 25 cents per ride (10 cents for seniors)!

Some of the city's best-known attractions are:

- Baywalk Entertainment Complex
- Fort DeSoto Beaches
- Jannus Landing
- The Pier
- Antique Shopping
- Salvador Dali Museum
- Tropicana Field - Home of the Tampa Bay Rays baseball team
- Florida Holocaust Museum
- Mahaffey Theater
- St. Petersburg Museum of Fine Arts



Printed guides to St. Petersburg culture, entertainment and restaurants are included in the SGS materials you received when you checked in at the SGS Registration Desk at the hotel. For additional detailed information on all that St. Petersburg has to offer, visit http://www.floridasbeach.com.

Enjoy your stay!

Welcome



"May you live in interesting times" is reported to be an ancient Chinese saying (though the origins are disputed). It is also reported to be a curse, since "uninteresting" times are times of peace and tranquillity.

As SGS convenes its 30th annual meeting, we truly live in an era of upheaval and change: economic, demographic, geopolitical. These are "interesting times" - some would say times of crisis.

But as politicians are wont to say, every crisis presents an opportunity. As gerontological practitioners and scholars, I hope we view our "interesting times" as times of opportunities: opportunities to re-examine and redirect what we know about elders, about the lived experience of aging, about policies and programs that affect elders, and about how to apply our scientific knowledge to the practical enhancement of the lives of older persons, and thus ideally of persons of all generations.

That is what SGS is and always has been about. The need for proactive, informed leadership is greater in "interesting times" than in times of peace and tranquility. SGS and its members are uniquely and well-positioned to provide such leadership regarding aging issues, policies and practice in the South.

At this conference you'll have the opportunity to teach, learn and share ideas, and I hope you do all this with "proactive leadership" in mind. Not only does it seem that, for the next few years, we'll have to do more with less - we hear that every year, but now it's serious! - but we'll be doing more with less just as the Baby Boom generation begins to turn 65. Never before has there been such a need for gerontological practice and scholarship that is innovative, effective, and cost-effective.

So, in celebrating SGS's 30th anniversary, we will reflect upon the organization's origins and history and honor those who brought SGS to where it is today. But, at least as important, we must focus on the decades to come, the decades when the Baby Boomers become America's elders and when today's younger gerontology students, practitioners and faculty will have their greatest impact.

Yes, these are "interesting times." We have new leadership in the White House, many new faces in Congress, and equivalent changes in many governor's mansions and state legislatures. We are on the cusp of an explosion in the number of older Americans and their percentage of the US population. Our economy is teetering and there is increased competition for what dollars remain available. We have, in short... an opportunity!

Over the next few days, why not make the most of that opportunity? SGS always features a wealth of expertise (and friendliness). Share your knowledge. Pick others' brains for new knowledge and ideas. Gather information on best practices. Think about ways you can be proactive and innovative in your work, and in your interactions with policymakers.

If we can take such steps, then my hope is that when we gather for, say, SGS's 40th annual meeting, we will find that our efforts have been successful, and we will find that, due in part to those efforts, we are living in far less "interesting times."

Ed Rosenberg, President

2008-2009 SGS Leadership

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Christine Jensen, PhD
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Peninsula Agency on Aging, Inc.

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University of Mississippi

Graham Rowles, PhD
University of Kentucky – Gerontology

Janice I. Wassel
UNC-Greensboro, Gerontology Program

Senior Representative
Wiley Mangum, PhD
University of South Florida (*Emeritus*)

Student Representatives
Julie Wiggins (Appalachian State University)
Louise Murray (University of North Carolina – Charlotte)

Committee Chairs
Awards
Richard Tucker, PhD

Budget & Finance
James Cotter, PhD

By-Laws
James Peacock, PhD

Council of Presidents and Future Directions
Graham Rowles, PhD

Executive
Ed Rosenberg, PhD

Membership
Dianne M. O'Donnell

Nominating
Frank Whittington, PhD

Program
James Peacock, PhD
Maureen Kelly

Publications
Victor Marshall, PhD

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Malcolm Cutchin, PhD

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Wiley Mangum
Christy Jensen
Ed Rosenberg
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Jim Mitchell
Nancy Robertson

Schedule at a Glance

Thursday, April 16th
11:00am – 7:00pm
Registration Open

11:00am – 6:00pm
Exhibit Booth Setup

2:00pm – 6:00pm
Silent Auction Intake

3:30pm – 6:00pm
Opening SGS Board of Directors Meeting

7:00pm – 8:00pm
President's Opening Session

8:00pm – 10:00pm
President's Opening Reception

Friday, April 17th
8:00am – 5:00pm
Registration Open
Exhibits Open

9:00am – 5:00pm
Silent Auction Open

8:30am – 10:00am
Presidential Symposium I

10:00am – 10:30am
Morning Break

10:00am – 11:00am
Poster Session I

10:30 am – 12:00pm
Concurrent Session I

12:15pm – 1:45pm
Awards Luncheon

2:00pm – 3:30pm
Concurrent Session II

3:30pm – 4:00pm
Afternoon Break

3:30pm – 4:15pm
Poster Session II

4:15pm – 5:15pm
SGS Business Meeting

5:15pm – 6:45pm
Senior / Student Networking Reception

7:00pm Dine-Arounds or baseball game

Saturday, April 18th
8:00am – 5:00pm
Registration Open
Exhibits Open

9:00am – 5:00pm
Silent Auction Open

8:30am – 10:00am
Concurrent Session III

10:00am – 10:30am
Morning Break

10:00am – 11:00am
Poster Session III

10:30am – 12:00pm
Presidential Symposium II

12:00pm – 1:45pm
Committee/ Special Interest Group Meetings
Lunch on your own

2:00pm – 3:30pm
Concurrent Session IV

3:30pm – 4:00pm
Afternoon Break

3:30pm – 5:00pm
Silent Auction Closes

4:00pm – 5:30pm
Concurrent Session V

4:30pm – 5:30pm
Poster Session IV

6:00pm Exhibits close

6:00pm – 9:00pm
Presidential Gala

Sunday, April 19th
8:00am – 10:00am
Registration Open

8:30am – 10:00am
Concurrent Session IV

10:00am – 12:00pm
Closing Brunch

12:30pm – 2:00pm
Closing SGS Board of Directors Meeting

Presidential Symposia Speakers



Ed Rosenberg

President's Opening Session: *The Past as Prologue*

Thursday, 4/16, 7:00pm – 8:00pm

Ed Rosenberg received his PhD in Sociology in 1978 from the University of Southern California. He developed undergraduate gerontology programs at Western Washington University, the University of Pittsburgh (Bradford campus), and LaRoche College (Pittsburgh) before coming to Appalachian State University in 1991. Since 2000 he has directed ASU's graduate program in gerontology, and has been one of the university's leaders in developing on-line education. His gerontological research has been published in the Encyclopedia of Aging, The Southwest Journal on Aging, the Journal of Gerontological Social Work, Educational Gerontology, The Lifelong Learning Institute Review, the International Journal of Rehabilitation Research, and the International Journal of Aging and Human Development. He is a Fellow of the Association for Gerontology in Higher Education and a Founding Fellow of the University of North Carolina Institute on Aging. His involvement with SGS includes the Bylaws Committee, the Restructuring Task Force, and the Board of Directors. He is an ex-hippie and went to Woodstock. That was 40 years ago, the same year man landed on the moon and Casey Stengel's Amazin' Mets won the World Series.



Larry Polivka

Presidential Symposium I: *Aging Policy: The Next 20 Years*

Friday, 4/17, 8:30am – 10:00am

Larry Polivka has served as Director of the Florida Policy Exchange Center on Aging, which is part of the School of Aging Studies at the University of South Florida, since September of 1992. Since August 2003, he has served as Associate Director of the USF School of Aging Studies. Dr. Polivka worked at the State of Florida's Health and Rehabilitative Services as Assistant Secretary for Aging and Adult Services from August 1989 through September 1992 and as Policy Coordinator for Health and Human Services, Office of Planning and Budgeting, Executive Office of the Governor from 1986 through August 1989. Dr. Polivka's primary research interests are in long-term care, housing, ethics and politics of care, globalization/population aging, cultures of aging, and the arts/humanities and aging. On June 1, 2009, Dr. Polivka will become Program Director for the Claude Pepper Foundation in Tallahassee, Florida.



Harry Moody

Presidential Symposium II: *Leaving a Legacy: Obligations to Future Generations in Environment and Social Insurance*

Saturday, 4/18, 10:30 am – 12:00pm

Harry R. Moody, PhD, is Director of Academic Affairs for AARP in Washington, DC. He previously served as National Program Director of the Robert Wood Johnson Foundation's Faith in Action Program and Executive Director of the Brookdale Center on Aging of Hunter College. He is currently Senior Fellow of Civic Ventures and Senior Associate with the International Longevity Center in New York. He is known nationally for his work in older adult education and has served as Chairman of the Board of ELDERHOSTEL.



Doug Beach

Closing Brunch: *Gerontological Practice: The Next 20 Years*

Sunday, 4/19, 10:00am – 12:00pm

On February 13, 2007, Governor Charlie Crist appointed Dr. E. Douglas Beach as the Secretary of the Florida Department of Elder Affairs. Secretary Beach has worked in the aging network for more than 12 years, most recently serving as the Chief Executive Officer of the Senior Resource Alliance (Area Agency on Aging of Central Florida, Inc.), a planning, policy and resource agency serving Florida's seniors age 60 and older in Brevard, Orange, Osceola, and Seminole counties. Secretary Beach is a founding member of the Orange County Commission on Aging and the Brevard County Commission on Aging. Secretary Beach received a bachelor's degree in biology from Kenyon College, a master's degree in agricultural economics from The Ohio State University and a doctorate in economics from North Carolina State University.



Leigh Schield

Closing Brunch: *Gerontological Practice: The Next 20 Years*

Sunday, 4/19, 10:00am – 12:00pm

Leigh Schield is the Executive Director of the Area Agency on Aging for Southwest Florida. Leigh is currently First Vice President of the Southeastern Association of Area Agencies on Aging, an association of eight states in the south eastern region of the United States. She chairs the Awards/Elections Committee for the Southeastern Association of Area Agencies on Aging. Additionally, she is an alternate on the National Association of Area Agencies on Aging Board of Directors. Leigh previously served as Secretary for the Florida Association of Area Agencies on Aging.

Conference Tracks

The 2009 meeting includes keynote speakers, symposia, paper and poster sessions, and workshops on a wide range of future-focused topics. However, four conference tracks are featured. While it is anticipated that the conference will include sessions on many additional topics, the Program Committee views these tracks as a way to provide attendees the opportunity to explore a theme across sessions.

Communities Responding to an Aging Society

Our society is aging. No surprise there. But did you know that a Baby Boomer turns 50 every 7.5 seconds? Most of our largest corporations and many smaller ones do know what's happening and are moving to position themselves to benefit from this perceived market. When profit is available organizations adapt quickly. But many communities are lagging in their awareness and preparation for the coming societal aging. Those that have been preparing have much to offer the rest of us.

University – Community Partnerships

The blending of academic gerontology with community gerontology is not only the hallmark of SGS—it is a good idea in practice. Among the many innovative and cutting edge programs and services we will hear about from across the South will be some involving creative partnerships between colleges and universities and the aging service organizations in their communities, especially through Service-Learning. We invite everyone who has developed such partnerships to share their accomplishments with those of us who value these efforts.

Supporting Persons with Dementia and their Caregivers

The decades to come will likely see a rapid growth in dementia prevalence. If the current trend continues toward less governmental and formal support funding, more of the dementia care burden will fall on the informal support system. We can expect a simultaneous growth in dementia-related careers and efforts to enhance the efficacy of all types of dementia caregivers. Presentations in this track address current and future demographics, formal and informal support system responses, and innovative dementia-related ideas and practices.

Health Promotion in Gerontology and Geriatrics

Historically the medical model has dominated American health care. But the health promotion model is making more sense economically and morally. If preventive maintenance helps your car run better longer, why not do that for people, too? Health promotion presentations in this track may range from the philosophic to the financial to the political, from the medical to the social, and from the theoretical to the evidence-based.

Session Formats

The 2009 Annual Meeting of SGS promotes innovation and interaction in sessions that engage participants as much as possible. Every effort was made to assure that each track was represented in each session. As always, a variety of session formats will allow participants the best option for presenting their work and ideas.

SYMPOSIUM

A symposium is a collection of three or four papers organized around a topic or issue of major significance. The symposium organizer introduces the session, shows how the papers relate to one another and the topic, and moderates the discussion.

WORKSHOP

In a workshop session, one or two leaders organize a systematic exchange of ideas or conduct a demonstration or application of techniques and/or skills. A workshop provides an excellent opportunity for involving participants in such diverse formats as demonstration, lecture, case studies, and role plays.

PAPER

Scientific or professional papers chosen for this meeting, where possible, relate to the conference theme or session tracks. Paper presentations are normally 15 minutes in length, with those on similar subject matter grouped together, again where possible, in topical sessions.

POSTER

Posters display and exhibit materials; the author/s is/are there for an assigned period of time to interact with you regarding their work. The poster display reports on current research, service programs, policy issues or other aging-related activities. Results and findings are summarized in the form of graphs, tables, pictures, and text.

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Congratulations to Southern Gerontological Society on your 30th Anniversary!

The UNC Institute on Aging is pleased to support SGS.

The UNC Institute on Aging is an inter-institutional program of the University of North Carolina, based at UNC Chapel Hill. Our mission is to enhance the well-being of older North Carolinians by fostering statewide collaboration in research, education and service. Learn more about us by visiting our web site at ***www.aging.unc.edu***

Highlights at the IOA:

Carolina Program in Health and Aging Research (CPHAR), mentoring and supporting pre- and postdoctoral fellows

North Carolina Gerontology Consortium (NCGC), expanding educational opportunities through statewide partnership

North Carolina College Aging Network (NC-CAN), networking gerontologists in independent colleges and universities

Aging Workforce Initiative, investigating, consulting and networking on the issues of an aging workforce

Senior Leadership in Aging Program, providing mentored leadership training in aging advocacy to seniors

Center on Aging and Diversity, conducting research and investigator development in aging and diversity

WIN-A-STEP-UP Project for Nurse Aides, improving the situation of front-line caregivers in long term care

Healthy Aging Network, promoting healthy aging in North Carolina and through the National Healthy Aging Network

Information Center, providing digital access to aging-related resources, databases, quick facts, and more

Special Symposium in Honor of Chuck Longino



Join us as we sponsor a special symposium in honor of the late Dr. Charles F. (Chuck) Longino who passed away on December 25, 2008. Dr. Longino was a prolific scholar, speaker and author who was a world-renowned expert on aging and retirement migration research. At the time of his death, he was the Washington M. Wingate Professor of Sociology and Director of the Reynolda Gerontology Program at Wake Forest University, where he was also a Professor of Public Health Sciences.

Date: Saturday, April 18, 2009
Time: 4:00-5:30pm
Location: see final program for details

UNC IOA Institute on Aging

UNC Institute on Aging | 720 MLK Jr Blvd, Campus Box 1030 | Chapel Hill, NC 27599-1030
(919) 966-9444 | fax (919) 966-0510 | ioa@unc.edu | www.aging.unc.edu

Full Schedule

Thursday, April 16th

Time	Session/Event	Room
11:00am – 7:00pm	Registration Open	*Harbor View Foyer*
11:00am – 6:00pm	Exhibit Booth Setup	*Lobby II*
2:00pm – 6:00pm	Silent Auction Intake	*The Bayboro Room*
3:30pm – 6:00pm	SGS Board of Directors Meeting	*The Harbor View*
7:00pm – 8:00pm	President's Opening Session *Rosenberg: The Past as Prologue*	*St. Petersburg I & II*
8:00pm – 10:00pm	President's Opening Reception *Cash only bar* (Sponsored by *Appalachian State University*)	G*rand Bay South*

Friday, April 17th

Time	Session/Event	Room
8:00am – 5:00pm	Registration Open	*Harbor View Foyer*
8:00am – 5:00pm	Exhibits Open	*Lobby II*
9:00am – 5:00pm	Silent Auction Open	*The Bayboro Room*
8:30am – 10:00am	Presidential Symposium I *Polivka: Aging Policy: The next 20 years*	*St. Petersburg I & II*
10:00am – 10:30am	Morning Break *Don't forget the Silent Auction!*	*Lobby II*
10:00am – 11:00am	Poster Session I	*Lobby II*
10:30 am – 12:00pm	**Concurrent Session I**	
	Symposium I	*Harbor View*
	Workshop I	*Skyway*
	Workshop II	*Pier*
	Workshop III	*Demens*
	Paper Session I	*Williams*
12:15pm – 1:45pm	Awards Luncheon (Sponsored by *Sage Publications*)	*St. Petersburg I & II*

Friday, April 17th (continued)

Time	Session/Event	Room
2:00pm – 3:30pm	**Concurrent Session II**	
	Symposium II	*Harbor View*
	Workshop IV	*Skyway*
	Workshop V	*Pier*
	Paper Session II	*Demens*
	Paper Session III	*Williams*
3:30pm – 4:00pm	Afternoon Break *Don't forget the Silent Auction!*	*Lobby II*
3:30pm – 4:15pm	Poster Session II	*Lobby II*
4:15pm – 5:15pm	SGS Business Meeting	*Harbor View*
5:15pm – 6:45pm	Senior / Student Networking Reception (Sponsored by *UNC-Greensboro Gerontology Program*)	*Presidential Suite*
7:00pm	Dine-Arounds or baseball game	

Saturday, April 18th

Time	Session/Event	Room
8:00am – 5:00pm	Registration Open	*Harbor View Foyer*
8:00am – 5:00pm	Exhibits Open	*Lobby II*
9:00am – 5:00pm	Silent Auction Open *Final bids by 3:45pm*	*The Bayboro Room*
8:30am – 10:00am	**Concurrent Session III**	
	Symposium III	*Harbor View*
	Workshop VI	*Skyway*
	Workshop VII	*Pier*
	Paper Session IV	*Demens*
	Paper Session V	*Williams*
10:00am – 10:30am	Morning Break *Don't forget the Silent Auction!*	*Lobby II*
10:00am – 11:00am	Poster Session III	*Lobby II*
10:30 am – 12:00pm	Presidential Symposium II: *Moody: Leaving a Legacy: Obligations to Future Generations in Environment and Social Insurance*	*Demens/ Williams*
12:00pm – 1:45pm	Committee/ Special Interest Group Meetings *Lunch on your own*	

Saturday, April 18th (continued)

Time	Session/Event	Room
2:00pm – 3:30pm	**Concurrent Session IV**	
	Symposium IV	*Harbor View*
	Workshop VIII	*Skyway*
	Workshop IX	*Pier*
	Workshop X	*Demens*
	Paper Session VI	*Williams*
3:30pm – 4:00pm	Afternoon Break *Don't forget the Silent Auction!*	*Lobby II*
3:30pm – 5:00pm	Silent Auction Closes *Bid sheets pulled starting at 3:45pm*	*The Bayboro Room*
4:00pm – 5:30pm	**Concurrent Session V**	
	Symposium V (Sponsored by the *North Carolina Institute on Aging)*	*Harbor View*
	Workshop XI	*Skyway*
	Workshop XII	*Pier*
	Paper Session VII	*Demens*
	Paper Session VIII	*Williams*
4:30pm – 5:30pm	Poster Session IV	*Lobby II*
6:00pm	Exhibits close	*Lobby II*
6:00pm – 9:00pm	Presidential Gala *Cash only bar*	*Hotel Poolside*

Sunday, April 19th

Time	Session/Event	Room
8:00am – 10:00am	Registration Open	*Harbor View Foyer*
8:30am – 10:00am	**Concurrent Session VI**	
	Symposium VI	*Harbor View*
	Workshop XIII	*Skyway*
	Workshop XIV	*Pier*
	Paper Session IX	*Demens*
	Paper Session X	*Williams*
10:00am – 12:00pm	Closing Brunch	*St. Petersburg I & II*
12:30pm – 2:00pm	SGS Board of Directors Meeting	*The Bayboro Room*

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—Péter Jacsó, *Reference Reviews, Thomson Gale*

SAGE journals online

Concurrent Sessions

Poster Session I: Friday, 10:00am-11:00am (see *Poster Sessions*, page 21)

Concurrent Session I
Friday, 10:30am-12:00pm

Symposium I

1. Opportunities for Working Together: Outreach to seniors by religious congregations
Organizer: Jennifer Salmon, PhD, Aging Research Group, St. Petersburg, FL
Participants: Mary Jo McKay, MBA, Hillsborough County Department of Aging Services, Maureen Kelly, BS, MA, West Central Florida Area Agency on Aging, Inc. & Rev. Bart Banks, BA, MA, Hillsborough County Department of Aging Services
Track: Communities Responding to an Aging Society

Workshop I

2. How to Use Life Review Sessions to Promote Emotional Health in Elders
Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama
Track: Health Promotion in Gerontology and Geriatrics

Workshop II

3. The Impact of Coalitions on Improving Mental Health and Substance Abuse Services for Older Adults
Larry Dupree, PhD, University of South Florida/ Broward County Elderly and Veterans Services Division & Christine Cauffield, PsyD., Aspire Behavioral Health, Inc., Winter Park, FL
Track: University-Community Partnerships

Workshop III

4. Promoting Respect and Preserving Patient Dignity with the Positive Physical Approach
Emily Egerton, MEd, PhD, Duke University & Melanie Bunn, RN, MS
Track: Supporting Persons with Dementia and their Caregivers

Paper Session I: University-Community Partnerships

5. Successful Aging: An educational program in the Congregational Social Work Education Initiative
Kelly Gartland, UNCG & NC A&T, Oak Ridge, NC

6. The NC Gerontology Consortium: Promises and pitfalls of a multi-campus educational initiative
Jim Mitchell, PhD, East Carolina University & UNC Chapel Hill

7. Making Age an Asset: Community colleges and retraining older workers
Harry Moody, PhD, AARP, Washington, DC

8. University-Community Partnership: Lessons learned from students' involvement with older adults living in rural areas
Etty Vandsburger, PhD, LCSW, Radford University

Concurrent Session II
Friday, 2:00pm-3:30pm

Symposium II

9. A Woman's Guide to Managing a Mid-Life Divorce
Marilynn Winston, PhD, CareLink, Atlanta, GA & Susanne G. Katz, LLC
Track: Health Promotion in Gerontology and Geriatrics

Workshop IV

10. Retirement Is Booming!
Norm Bungard, St. Petersburg, FL
Track: Communities Responding to an Aging Society

Workshop V

11. Congregational Social Work Education Initiative: Collaborative partnership with community congregational nurse program
Wayne Moore, MSW, ACSW, PhD, North Carolina A&T State University, Janet Kanode, MSW, LCSW & Fran Pearson, RN, MSW, LCSW, University of North Carolina at Greensboro
Track: University-Community Partnerships

Paper Session II: Health Promotion in Gerontology and Geriatrics

12. Health Promotion and Health Care in an Aging Society
Harry Moody, PhD, AARP, Washington, DC

13. Age Differences in the Benefit of Predictability During Reading: An eye movement analysis
Kathryn Sawyer, BA & Natalie Sachs-Ericsson, PhD, Florida State University

14. Frailty: Diagnosis, treatment, and prevention
Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama

Paper Session III: Supporting Persons with Dementia and their Caregivers

15. Training Direct Care Workers in Assisted Living: Practices, policies and outcomes
Mary Ball, PhD, Georgia State University, Carole Hollingsworth, MA & Michael Lepore, PhD, Brown University

16. Job Satisfaction among Nursing Assistants in Nursing Homes
Jennifer Craft Morgan, PhD & Janette Dill, MA, UNC Chapel Hill

17. A Case for Dementia Special Care Deliberated by Maslow and Erikson
Catherine McCarty, MA, University of South Florida

18. Understanding the Potential for Technology to Support Caregivers
Katherine Olson, MA, Marita A. O'Brien, MS, Wendy A. Rogers, PhD & Arthur D. Fisk, PhD, Georgia Institute of Technology & Neil Charness, PhD, Florida State University

Poster Session II: Friday, 3:30pm-4:15pm (see *Poster Sessions*, page 21)

Concurrent Session III
Saturday, 8:30am-10:00am

Symposium III

19. The Economic Crisis and Older Americans
Harry Moody, PhD, AARP, Washington, DC & Larry Polivka, PhD, University of South Florida
Track: Communities Responding to an Aging Society

Workshop VI

20. Learning from Families: A case of a caregivers' support group in a hospice setting
Tommie V. Boyd, PhD, LMFT & Yulia Watters, MS, Nova Southeastern University
Track: Supporting Persons with Dementia and their Caregivers

Workshop VII

21. The Community Based Healthy Brain Initiative
Scott Anstadt, PhD, DCSW, Florida Gulf Coast University & Sue Maxwell, MSW, Older Adult Services, Ft. Meyers, FL
Track: Health Promotion in Gerontology and Geriatrics

Paper Session IV: Health Promotion in Gerontology and Geriatrics

22. National Dissemination of A Matter of Balance/Lay Leader Model: Monitoring effectiveness and fidelity
Peggy Haynes, MPA, MaineHealth's Partnership for Healthy Aging, Portland, ME

23. We All Have A Story: The use of Reminiscence Therapy with elders and their caregivers
Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama

24. The Effect of Chronic Diseases and Obesity on the Functional Limitations in Older Hispanic Americans
Sang Gon Nam, MS, University of Texas Medical Branch

Paper Session V: Communities Responding to an Aging Society

25. A Multidisciplinary Approach to Detecting and Responding to Elder Abuse: Merging the fields of criminal justice, medical forensics, and linguistics to develop protocols for education and training
Anita Blowers, PhD, Univeristy of North Carolina at Charlotte, Mary Smith, Central Piedmont Community College, Boyd Davis, Dena Shenk & Kina Jackson, University of North Carolina at Charlotte

26. Preventing Suicide in Older Adults: Looking at suicide completion data and U.S. Census projections for direction
Sarah Buila, PhD, Southern Illinois University Carbondale

27. Trauma and Resiliency in Elderly Katrina Survivors
Susan Hrostowski, PhD, The University of Southern Mississippi

28. Medication Management and Regulation in Assisted Living Facilities in The State of Georgia
Shanzhen Luo, MA, Candace L. Kemp, PhD & Mary M. Ball, PhD, Georgia State University

Poster Session III: Saturday, 10:00am-11:00am (see *Poster Sessions*, page 21)

Concurrent Session IV
Saturday, 2:00pm-3:30pm

Symposium IV

29. Design and Technology for Successful Aging in the Community
Organizer: Claudia Winegarden, PhD, Georgia Tech
Discussant: William Mann, PhD, University of Florida
Presenters: Jon A. Sanford, MArch & Marita O'Brien, MS, Georgia Tech
Track: Health Promotion in Gerontology and Geriatrics

Workshop VIII

30. When Worlds Collide: What happens when the aging patient with chronic mental illness needs treatment for physical conditions?
Sarah Buila, PhD, Southern Illinois University Carbondale
Track: Health Promotion in Gerontology and Geriatrics

Workshop IX

31. Aging in Place: Putting research into practice
LaVona Traywick, PhD, University of Arkansas Cooperative Extension Service
Track: University-Community Partnerships

Workshop X

32. Using Person-Centered Approaches to Motivate Persons with Mid-Stage Dementia
Jodi Teitelman, PhD, Virginia Commonwealth University & Christine Raber, PhD, Shawnee State University
Track: Supporting Persons with Dementia and their Caregivers

Paper Session VI: Communities Responding to an Aging Society

33. Preparing for an Aging Society: A developing world perspective
Donneth Crooks, PhD (c), Florida International University

34. Working Towards a Model Community in Williamsburg: Designing a master aging plan
Christine Jensen, PhD, Center for Excellence in Aging & Geriatric Health, Williamsburg, VA

35. Web Resources: Using current resources to inform programming decisions
Janice I. Wassel, PhD, University of North Carolina at Greensboro

36. SWOT in Aging
Caroline Westerhof, PhD, Colorado Technical University

Concurrent Session V
Saturday, 4:00pm-5:30pm

Symposium V

37. Unfinished Business: A symposium in honor of Charles F. Longino, Jr.
***Organizer*:** Victor W. Marshall, PhD University of North Carolina Institute on Aging
***Discussant*:** Harry R. Moody, PhD, AARP, Washington, DC
Papers: (**37a)** Don Bradley, PhD, East Carolina University; (**37b)** Jim Mitchell, PhD, East Carolina University Center on Aging; (**37c)** Larry Polivka, PhD, School of Aging Studies, University of South Florida; (**37d)** Victor W. Marshall, PhD, UNC Institute on Aging. **Symposium sponsored by the *North Carolina Institute on Aging*.**

Workshop XI

38. Master's Advanced Curriculum Project: Challenge & success integrating gerontological content in graduate education
Wayne Moore, MSW, ACSW, PhD, North Carolina A&T State University, Janet Kanode, MSW, LCSW & Jay Poole, MSW, LCSW, University of North Carolina at Greensboro
Track: Supporting Persons with Dementia and their Caregivers

Workshop XII

39. Journal of Applied Gerontology: Meet the Editor
Malcolm Cutchin, PhD, University of North Carolina at Chapel Hill
Track: Communities Responding to an Aging Society

Paper Session VII: University-Community Partnerships

40. Training CNAs in Chronic Disease Prevention: Improving the lives of patients and providers through connecting the university to the community of direct care workers
Melanie Bunn, RN, MS & Emily O'Leary Egerton, MEd, PhD, Duke University

41. What Does It Take for BSW Students to Become Gerontological Social Workers?
Rosalie Otters, PhD, MSW, DMin, LCSW & Carolyn Turturro, PhD, University of Arkansas at Little Rock

42. Seamless and Accessible: A university community collaborative for elders
Rosemarie Santora Lamm, PhD, ARNP, University of South Florida Polytechnic

43. A Partnership of a University with a Continuing Care Retirement Community
Gordon Streib, PhD, University of Florida

Paper Session VIII: Communities Responding to an Aging Society

44. Who Can They Ask For Help? Support Systems of Older Chinese Americans in a Chinese Church
Chih-ling Liou, MS, Virginia Polytechnic Institute and State University

45. Discerning Prior Knowledge Use by Older Adults in Technology Interactions
Marita O'Brien, MS, Wendy A. Rogers, PhD & Arthur D. Fisk, PhD, Georgia Institute of Technology

46. Educating Leaders in the Profession: Looking to the future, learning from the past
Janice I. Wassel, PhD, University of North Carolina at Greensboro

Poster Session IV: Saturday, 4:30pm-5:30pm (see *Poster Sessions*, page 21)

Concurrent Session VI
Sunday, 8:30am-10:00am

Symposium VI

47. Long Term Care Policy Research in Florida
Organizer: Debra Dobbs, PhD, University of South Florida,
Presenters: Kathryn Hyer, PhD, Larry Polivka, PhD, Glenn Mitchell, PhD, University of South Florida
Track: University-Community Partnerships

Workshop XIII

48. Enhancing the Service Delivery System of a Non-Profit Agency through Community Partnerships
Ken Jasnau, MSW, ACSW, LMSW, Georgia Department of Human Resources (retired) / Meals on Wheels of Baldwin County, Inc., Hardwick, GA
Track: University-Community Partnerships

Workshop XIV

49. Florida's AAAs Unite to Implement Aging Resource Centers
Maureen S. Kelly, President & CEO, West Central Florida Area Agency on Aging, Inc.
Track: Communities Responding to an Aging Society

Paper Session IX: Health Promotion in Gerontology and Geriatrics

50. Difference by Race in Mental Health Indicators by Socioeconomic, Work Ethic, Health, and Functional Ability Indicators
Jim Mitchell, PhD, East Carolina University & UNC Chapel Hill

51. Afrocentric Paradigm, Subjective Health Status, and Elderly African Americans' Life Satisfaction
Patricia A. Wilkerson, PhD, University of Arkansas at Little Rock

Paper Session X: Supporting Persons with Dementia and their Caregivers

52. Family Caregiving in Stroke: The CARES project
William Haley, PhD, University of South Florida

53. Connections with Residents: "It's all about the residents for me"
Candace Kemp, PhD, Mary Ball, PhD & Carole Hollingsworth, MA,Georgia State University & Michael Lepore, PhD, Brown University

54. "React and Go with it": Friendships of persons with Alzheimer's and cognitively intact individuals
Brandi McCullough, MA, University of North Carolina at Greensboro

55. Development and Implementation of a Toolkit for Retention of Nursing Personnel in Long-Term Care Settings
Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama

Poster Sessions

Friday, 10:00am-11:00am
Poster Session I
Track: Health Promotion in Gerontology and Geriatrics

56. **Nurses' Perceptions of Obstacles to Providing Good Care for Older Adults**
Beth Barba, PhD, RN, FAGHE, FAAN, & Jie Hu, PhD, RN, University of North Carolina at Greensboro

57. **Rural Residents' Perceptions and Management of Multiple Morbidity**
Shoshana Bardach, MA, Goodenow, Anne C., BS, Manchikanti, Kavita N., BA, Schoenberg, Nancy E., PhD, University of Kentucky

58. **Predictors of Preventable Nursing Home Hospitalizations**
Marion Becker, RN, PhD, Timothy Boaz, PhD, & Ross Andel, PhD, University of South Florida

59. **Assessing the HIV Educational Needs of Older Adults**
Victoria Foster, MSN, RN, P. C. Clark, Georgia State University, & M. Holstad, Emory University, Atlanta, GA.

60. **Evaluating Daily Time Use and Well-Being Among Older Married and Widowed Women**
Elizabeth Hahn, BS, University of South Florida

61. **Interrupted Lives: An exploratory study of self-management of diabetes mellitus among middle and older-aged African American women**
Bridgett Rahim-Williams, MA, MPH, PhD, University of Florida

62. **Health Related Acculturation in Minority Adults**
Sung Han Rhew, MURP, David Chiriboga, PhD, Yuri Jang, PhD, & Giyeon Kim, PhD, University of South Florida

63. **The Effects of Sport and Physical Activity on Life Satisfaction and Positive Affect**
Ouaypon Tungthongchai, MA, University of Porto & Ed Rosenberg, PhD, Appalachian State University

64. **Toolbox for Real Life Livin': Lifestyle aids for men with prostate cancer**
Bryan Weber, PhD, University of Florida

65. **The Effect of Generation on Complementary and Alternative Medicine Knowledge, Attitude and Use**
Julie Wiggins, MA (c), Ed Rosenberg, PhD, & Lee Ann Ferguson, Appalachian State University

Friday, 3:30pm-4:15pm
Poster Session II
Track: University-Community Partnerships & Supporting Persons with Dementia and their Caregivers

66. **Innovative Teaching Strategies: University service learning projects in gerontology**
Shelley Brown, MA, Tennessee Technological University

67. **Content Analysis: Integration of a feminist perspective in introductory gerontology textbooks**
Tracy Cermak, BA, Kyle Pulner, BS & Elisabeth Burgess, PhD, Georgia State University

68. **Occupational Therapy Partners with Community Coalition in Fall Prevention Initiative**
Christina Shaffer, OTR/L, University of North Carolina at Greensboro

69. **Depression Trajectory of Caregivers to Dementia Patients**
Soyeon Cho, PhD, City University of New York, S. Zarit, PhD, The Pennsylvania State University, & D. Chiriboga, PhD, University of South Florida

70. **A Profile of Informal Caregiver's Use of Formal Support**
Tamar E. Shovali, MS, Juliette Christie, MA, & Gail M. Williamson, PhD, University of Georgia

71. **Measuring Mastery in Caregivers of Persons with Dementia**
Cherie Simpson, MSN, RN, CNS, University of Texas at Austin

Saturday, 10:00am-11:00am
Poster Session III
Track: Communities Responding to an Aging Society

72. **Perceptions of Stereotypes about Women with Gray Hair: Qualitative interviews by women who do and do not color their hair**
Jeff Brooks, PhD, MSW, Fayetteville State University

73. **Barriers to Resident Care in Florida Nursing Homes During the 2004 Hurricane Season**
Janelle Christensen, MA, Lisa M. Brown, PhD, Kathryn Hyer, MPP, PhD, & LuMarie Polivka-West, MSP., University of South Florida

74. **Silver Hair on the Silver Screen: Depiction of aging and older adults in American motion pictures, 2000-2007**
Keith Dooley, PhD & Jillian Terhune, Murray State University

75. **Self-Rated Mental Health as a Screening Test for Mental Disorders among Older Americans: Do racial/ethnic disparities exist?**
Giyeon Kim, PhD, Yuri Jang, PhD, & David A. Chiriboga, PhD, University of South Florida

76. **Nursing Home Structural and Process Characteristics Related to Residents' Advance Directives**
Jessica Krok, MA, University of South Florida

77. **Life Satisfaction among Chinese Rural Elders with Migrated Children**
Baozhen "Maggie" Luo, PhD (c), Western Kentucky University & Georgia State University

78. **Do Ageist Attitudes Impact Attitudes Towards Cosmetic Surgery?**
Elizabeth Tait, MHS, University of North Carolina at Charlotte

79. **Do Relationships Matter? Experiences Of Nursing Homes and Local Emergency Management During the 2004-2005 Hurricane Seasons**
Kali Thomas, MA, Kathryn Hyer, PhD, MPP, & Lisa Brown, PhD, University of South Florida

80. **Gerontologist in Private Practice: Lessons learned, imminent opportunities**
Jan Vinita White, PhD, Whitedeer Gerontology Consulting, Huntsville, AL

81. **Homestead Tax Exemption as a Factor to Attract Older Adults to Florida**
Seokwon Yoon, MSW & Gil Choi, PhD, University of South Carolina

Saturday, 4:30pm-5:30pm
Poster Session IV
Track: Health Promotion in Gerontology and Geriatrics

82. **Songs from Our Souls: Resiliency stories from African-American choir members**
Dana Burr Bradley, PhD, Western Kentucky University

83. **Stress or Calm?: The experience of Florida assisted living facilities during the 2004 hurricane season**
Janelle Christensen, MA, Kali Thomas, MA, Kathryn Hyer, MPP, PhD, Lisa M. Brown, PhD, University of South Florida, & LuMarie Polivka-West, MSP, Florida Health Care Association

84. **Caregiver Attachment and Resentment: The mediating role of social support**
Juliette Christie, MA & Gail M. Williamson, PhD, University of Georgia

85. **Religious Attendance Reduces Cognitive Decline among Older Women with High Levels of Depressive Symptoms**
Elizabeth Corsentino, BA & Nicole Collins, BA, Florida State University

86. **Testing the Use-It-Or-Lose-It Hypothesis of Cognitive Aging**
Kelly Giles, & Kristi S. Multhaup, PhD, Davidson College, Mark E. Faust, PhD, University of North Carolina-Charlotte & Michelle S. Ong, MD, Lake Norman Regional Medical Center

87. **Predicting Negative Attitudes Toward Mental Health Services in Hispanic Elders: The role of misconceptions and stigma**
Yuri Jang, PhD, David A. Chiriboga, PhD, Julio R. Hererra, MA, Dinorah Martinez-Tyson, PhD, & Larry Schonfeld, PhD, University of South Florida

88. **Predictors of Mental Health Service Use Among Latino and Asian Immigrant Older Adults: Mediating effect of self-rated mental health**
Giyeon Kim, PhD, Yuri Jang, PhD, & David A. Chiriboga, PhD, University of South Florida

89. **Coping Strategy and Psychological Quality of Life among White and Korean American Elderly Females**
HeeSoon Lee, PhD (c), University of South Carolina

90. **Attainment and Retention of Knowledge about Elderly Depression and Suicide Held by Direct Care Staff at Long-Term Care Facilities**
John LoCurto, MA (c) & Ed Rosenberg, PhD, Appalachian State University

91. **Functional and Emotional Impacts of Orofacial Pain among Adults with Diabetes**
Bridgett Rahim-Williams, MA, MPH, PhD, University of Florida

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2009 SGS Abstracts

1. Opportunities for Working Together: Outreach to seniors by religious congregations

Organizer: Jennifer Salmon, PhD, Aging Research Group, St. Petersburg, FL
Participants: Mary Jo McKay, MBA, Hillsborough County Department of Aging Services, Maureen Kelly, BS, MA, West Central Florida Area Agency on Aging, Inc., & Rev. Bart Banks, BA, MA, Hillsborough County Department of Aging Services

A 2007 survey of West Central Florida residents age 40 and older revealed that six percent expected their faith communities to help them with activities of daily living and five percent expected a government program to help them. At the same time, one out of seven respondents (14%) did not know who would take care of them. This was equally true for Baby Boomers and seniors and in all five counties. As a result, the Hillsborough County Department of Aging Services and West Central Florida Area Agency on Aging, Inc. commissioned a coordinated survey of faith communities, defined here as religious congregations, to better understand the current and potential ways that the two entities and congregations could offer programs that would meet the needs of seniors in a five county region. The lead presenter will provide a summary of the key results as well as tips for conducting such surveys. This will be followed by presentations from a service provider and an Area Agency on Aging who will discuss how each entity is responding to the findings. The discussant will respond from the perspective of someone who is both a minister and an aging services provider.

2. How to Use Life Review Sessions to Promote Emotional Health in Elders

Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama

Reminiscence therapy (or life review) is a universal and natural phenomenon for all ages that provides healthy interactions with cohorts as well as increases socialization. Life review can be considered a form of oral history and many families find it meaningful to write down stories in notebooks. Making audiotapes and videotapes can be an important adjunct to the oral history taking. Elders are often socially isolated due to circumstances beyond their control and thus suffer a decline in cognitive function that might not occur with the stimulation of socialization with cohorts. Even though elders may attend senior centers, gather at assisted living centers or in long-term care facilities, there is no guarantee that they actually connect emotionally with each other. The maintenance of primary and secondary relationships within one's own generation becomes more difficult with age and by placing a great value on aging and demonstrating to elders that their life stories are important, rapport is developed and they are able to be more open about their problems and issues. Life review sessions are simple to conduct and promote health in any setting. This presentation will demonstrate how to conduct the sessions in various settings and discuss past sessions.

3. The Impact of Coalitions on Improving Mental Health and Substance Abuse Services for Older Adults

Larry Dupree, PhD, University of South Florida/ Broward County Elderly and Veterans Services Division & Christine Cauffield, Psy.D., Aspire Behavioral Health, Inc., Winter Park, FL

Mental health, substance abuse and aging coalitions have been established in Florida with the mission of improving the availability and quality of mental health and substance abuse services for older Floridians. This presentation highlights the value of mental health/substance abuse and aging coalitions in general as excellent incubators for innovative solutions to often chronic barriers to care for older adults, as well as promotes understanding of the advantages, accomplishments and challenges of local/regional and statewide MH/SA and aging coalitions. Specific questions examined by the workshop include: 1) why develop coalitions, 2) what is a coalition and its main governing principal, 3) who makes

up a coalition, 4) what are the advantages and benefits, and 5) what are the challenges? Concrete examples of policy, system and service delivery impact possible via coalitions will be demonstrated by noting the accomplishments of the statewide Florida Coalition for Optimal Mental Health and Aging as well as regional/local coalitions. All those interested in improving mental health and substance abuse care for older adults, including representatives of existing coalitions, are invited to participate.

4. Promoting Respect and Preserving Patient Dignity with the Positive Physical Approach

Emily Egerton, MEd, PhD, Duke University, & Melanie Bunn, RN, MS

The Positive Physical Approach (PPA) is an innovative strategy that, when used by caregivers (CNAs, LPNs, nurses) interacting with patients with dementia, promotes patient respect, encourages self-sufficiency, and preserves patient dignity. Developed by practitioners and specialists at the Durham, North Carolina Veteran's Administration and the Duke University School of Nursing, this approach to patient care is practical, effective, and consistently has a positive impact on patients who are in the early and late stages of dementia. This workshop will accommodate all learning styles as it uses active learning strategies, role play, and small-group interaction to train participants to engage in the experiential learning cycle as they learn the PPA, receive and give effective feedback, and teach others the approach. Participants will experience this approach from the perspective of the patient, the caregiver, the trainer, and the student. Immersion in the PPA will prepare participants to more effectively interact with patients with dementia, decrease patient agitation, and engage respectfully with all patients.

5. Successful Aging: An educational program in the Congregational Social Work Education Initiative

Kelly Gartland, UNCG & NC A&T, Oak Ridge, NC

With the growing number of older Americans in the United States it is important to look at how and what we can do to decrease the risks of age related illnesses. This paper describes a program that I developed as part of my MSW internship in the Congregational Social Work Education Initiative at UNC Greensboro, which is funded by the Moses Cone Wesley Long Community Health Foundation. The key concept of the program I developed is to have an active mind and an active body and by doing so, decreasing your chances of acquiring aging related illnesses. This paper will outline the development of the program and report data from its implementation in three congregations that included people from various ethnic groups and socioeconomic statuses. To evaluate the knowledge of the participants before and after the presentation a pre and posttest was utilized to ensure the program actually affected the knowledge of the participants on how to age "successfully." Outcomes from the pre and post testing will be included.

6. The NC Gerontology Consortium: Promises and pitfalls of a multi-campus educational initiative

Jim Mitchell, PhD, East Carolina University & UNC Chapel Hill

In 2003, the NC Gerontology Consortium was created as an organizational entity of the General Administration of the UNC system under the umbrella of the UNC (system) Institute on Aging. This workshop features activities of the 11-campus Consortium as examples of organizational challenges and opportunities afforded by multi-campus initiatives in a campus-centered academic climate. Both challenges and opportunities associated with sharing graduate web-based courses across campuses and designing, implementing, and sustaining a web-based continuing education initiative targeting the aging services workforce in NC and beyond are discussed. This workshop raises issues and encourages the discussion of topics such as the feasibility of a multi-campus educational credential or degree, faculty development, continuing to enhance web-based course development, evaluation of web-based courses, and the contribution of Consortium-sponsored graduate courses to the curricular flexibility of campus-based programs.

7. Making Age an Asset: Community colleges and retraining older workers
Harry Moody, PhD, AARP, Washington, DC

This presentation reports results of a new program sponsored by AARP in all the community colleges of Kentucky. AARP-Kentucky has developed a new online course designed specifically to help older job seekers assess their current skills, learn about the current job market, identify needed skills, and develop a successful job search strategy. This course content is based on AARP resources and was developed in partnership with Education To Go (ed2go), one of the largest providers of online education for lifelong learners. Students taking the prototype course also attended in-person groups conducted by AARP volunteers throughout the state, thus combining a "high tech" with a "high touch" approach suitable for displaced workers and others needing individualized attention. The program also made use of AARP's computerized "Work Search" program to facilitate job-seeking. This presentation offers data from the preliminary evaluation of "Making Age an Asset" and explores opportunities for replication of the program in other locations. The discussion also looks at the role of retraining older workers and of worklife extension as a response to the deepening economic crisis affecting all generations today.

8. University-Community Partnership: Lessons learned from students' involvement with older adults living in rural areas
Etty Vandsburger, PhD, LCSW, Radford University

The purpose of this qualitative study was to examine students' impressions of a service-learning project with rural older adults, and their choice of working professionally with the elderly population upon graduation. Service learning is a course-based community service experience designed to enhance students' understanding of course content while meeting an identified community need. The service-learning intergenerational project consisted of ten hours of face-to-face interaction between a Social Work student and an older adult living in rural West Virginia and the city of Charleston. Twenty-one social work students attending the Micro Practice course participated in this study. Data collection consisted of face-to-face interviews guided by a set of open-ended questions. Data analysis revealed that participation in the intergenerational project did not change a student's choice of major, but it increased their desire to explore the field of aging. Lessons learned from this project are discussed.

9. A Woman's Guide to Managing a Mid-Life Divorce
Marilynn Winston, PhD, CareLink, Atlanta, GA & Susanne G. Katz, LLC

Over forty million female baby boomers are entering middle age. Although numerous books address issues facing women in mid-life and issues facing women in divorce, this book is unique because it is a guide for women who are considering or facing a mid-life divorce. It is an eye opener, providing useful information about the challenges ahead; suggesting ways to face the ending of one's marriage and surviving the divorce, and helping to answer the question, "Can I do this?" Our team of professionals address the most common questions they are asked and provide practical advice and suggestions. Women who experienced a mid-life divorce share their personal stories and reflect on what they wish they had known. We hope that with legal, financial and emotional advice, women in mid-life will have the knowledge they need to successfully handle the business of divorce and can come to acceptance while surviving the chaos.

10. Retirement Is Booming!
Norm Bungard, St. Petersburg, FL

The hour long workshop is concentrated and fast paced. I will commence with the outlook for SS using both the CBO and the SS Trustee report. I'll then quickly launch into program specifics covering Social Security retirement and Medicare planning, with additional emphasis on disability and survivor's benefits. I include features such as the most misunderstood provisions of the program. Some questions I will cover are: At what age is it best to start receiving benefits? What are the consequences of

taking benefits early; or delaying until full retirement age or even to age 70? What about taking reduced benefits and later withdrawing the application in order to receive a higher monthly rate? Spousal benefits? Divorced spouse? When to actually file the application, and how best to file? What are some of the pitfalls? Can a "live in" spouse collect benefits? What are the relationship requirements? Can a step or adopted child receive a Social Security benefit? Can an illegitimate child become entitled? A "common law" spouse? How does remarriage affect a widow's benefit? Can a widow receive a benefit and later file to receive a higher benefit on her own? These and many other topics will be included in the workshop which has been described variously by attendees as informative and entertaining both!

11. Congregational Social Work Education Initiative: Collaborative partnership with community congregational nurse program

Wayne Moore, MSW, ACSW, PhD, North Carolina A&T State University, Janet Kanode, MSW, LCSW, & Fran Pearson, RN, MSW, LCSW, University of North Carolina at Greensboro

Funding reductions for health and mental health care programs has resulted in loss of services to many vulnerable populations especially older adults. The social work graduate and undergraduate field education program of the University of North Carolina at Greensboro and North Carolina A&T State University launched the Congregational Social Work Education Initiative (CSWEI) in 2007. This workshop focuses on its partnership established with the Moses Cone Health Care System Congregational Nurse Program, 53 faith institutions, and two faith based nonprofits. This initiative utilizes an innovative, community based model pairing CSWEI social work student interns with congregational nurses. Using a team approach, the nurse and social work student provide free health and mental health services within local faith institutions. This unique partnership provides congregants affordable, easily accessible, comprehensive bio-psycho-social-spiritual services in a familiar, convenient, client-centered environment. This workshop will examine how this innovative educational partnership was developed and designed to enhance client services and expand social work learning opportunities. Challenges encountered in the organization, administration, supervision, pre-service training, documentation, evaluation and data management will be discussed. Implications of how such partnerships between social work schools and parish nurse programs to broaden support and expand services to older adults will be discussed.

12. Health Promotion and Health Care in an Aging Society

Harry Moody, PhD, AARP, Washington, DC

The American Federation for Aging Research and AARP have developed an academic partnership around a new "Healthspan Institute" focused on health promotion for an aging society. Major directions for this initiative were set at a Thought Leaders Seminar convened at the GSA meeting in November, 2008. In this paper, we outline key directions of this initiative for three domains: (1) current federal efforts at health care reform; (2) prospects for change in Medicare; and (3) education for professionals in gerontology and geriatrics. After the first three months of the new Obama Administration, we can identify prospects for health promotion as seen from "in the Beltway" in light of current health care reform efforts around wider coverage and cost control. There are also new options for moving Medicare toward long-range sustainability, specifically addressing the question of whether prevention actually saves money. Finally, we provide new ideas for training of geriatric health care professionals, as well as curriculum possibilities for gerontology education. This entire discussion, and the focus of the new Healthspan Institute, is based solidly on a life-course perspective in which health promotion assumes a far more significant role than in the current medical model of service provision.

13. Age Differences in the Benefit of Predictability During Reading: An eye movement analysis

Kathryn Sawyer, BA & Natalie Sachs-Ericsson, PhD, Florida State University

Studies of age differences in reading demonstrate that older adults read more slowly and spend more time rereading portions of text. However, there is also some evidence that the ability to use contextual information to speed word identification is preserved in older adults. Thus, the current eye-tracking study used a sentence reading task in which half of the sentences were highly predictable and half were unpredictable to test the hypothesis that older adults will use contextual information (predictability) to compensate for visual and working memory deficits that make reading more difficult. Older readers initially spent longer viewing words (had longer first fixation durations) than younger readers, indicating visual difficulty in letter identification. They also spent more time rereading (had longer total reading times), indicating difficulty integrating incoming information into their representation of the sentence meaning. Importantly, older adults showed a greater decrease in rereading time when sentences were highly predictable compared to when they were unpredictable. The results of this study support the conclusion that providing context can enable older individuals to read faster. This is of particular importance, as the ability to read is key to maintaining participation in our information-driven society.

14. Frailty: Diagnosis, treatment, and prevention

Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama

We think we know frailty when we see it but in reality frailty cannot be adequately judged by external appearance or age alone. Frailty has been defined as a dynamic process of inability to tolerate stressors that affects greater than 15% of the population and the incidence of frailty goes up with aging, being female, being a member of a minority race, being a member of a lower socioeconomic level, and translates into more than $860 million dollars a year in healthcare costs. Older adults might be less frail than they appear and vice-versa as their outward appearance actually gives little or no information about the capacities or reserve of a person. Frailty, to a certain extent, is an inevitable part of aging but to some extent is preventable. Frailty is common in the elderly population and 7% of the frail elderly have no accompanying illness, and one in four have only one coexistent disease process.

15. Training Direct Care Workers in Assisted Living: Practices, policies and outcomes

Mary Ball, PhD, Georgia State University, Carole Hollingsworth, MA, & Michael Lepore, PhD, Brown University

Widespread turnover problems among direct care workers (DCWs) in the long term care industry make training a key workforce issue. Training strategies are apt to influence quality of care and worker outcomes, yet little scholarly attention has been paid to these issues in assisted living, where regulations vary by state. In this paper we draw on a state-wide study involving 45 facilities in Georgia to examine training strategies, identify influential factors and consider the relationship between training and satisfaction and retention. Using grounded theory methods we analyzed qualitative data from in-depth interviews with 41 DCWs and 43 administrators, and 370 DCW surveys. Although variable in length and content (depending on facility and worker factors), initial training typically involves job “shadowing.” In most cases, this relatively informal approach is the sole source of training. Nevertheless, a third “mostly large and corporately-owned” facilities offer some classroom instruction. Continuing education tends to be more formal and varies widely in quality based on administrator attitude and facility resources. Administrators and workers hold mixed views on the usefulness of training with over half of the DCWs expressing a desire for additional training. The perceived usefulness of training is related to its quality and to job outcomes.

16. Job Satisfaction among Nursing Assistants in Nursing Homes

Jennifer Craft Morgan, PhD & Janette Dill, MA, UNC Chapel Hill

As the primary providers of care for residents in nursing homes, the job satisfaction of direct care workers (DCWs) is important for improving quality in long-term care. High job satisfaction may contribute to higher worker retention rates and better provision of care. This study aims to expand our understanding of job characteristics that contribute to direct care worker job satisfaction. We analyze data from 332 surveys completed by DCWs in 18 nursing facilities in North Carolina. Survey data is analyzed using random effects models which allow us to examine individuals nested within organizations. Our final model includes perceived job characteristics, individual characteristics, organizational characteristics, and local economic characteristics. Results show that perceived financial rewards, including satisfactory pay, wages, and job security, and perceived career rewards, such as opportunities for promotion, are important predictors of job satisfaction. The perceived quality of care provided for residents is also positively related to DCW job satisfaction. Finally, having a heavy workload was negatively associated with job satisfaction. Our final model predicts 51 percent of the variance in job satisfaction. Implications for job redesign and DCW management will be discussed.

17. A Case for Dementia Special Care Deliberated by Maslow and Erikson

Catherine McCarty, MA, University of South Florida

Dementia Special Care (DSC) attempts to integrate the medical and social model of care. When DSC is delivered to the sanctioned standards, the literature validates improved medical and social outcomes. Maslow's hierarchy of needs is a visual representation of this in its basis in physiological needs supporting psychological needs. Erikson's stage model of psychological development helps conceptualize the social model's improvement to traditional dementia care. Integrity-promoting is effective in diminishing the identity crisis and role confusion that pervades dementia. The Dementia Special Care Unit's (DSCU) combination of integrity-promoting care with basic medical care may be most effective in dementia care. The DSCU's control of environmental stimulation; balanced person-environment interactions; and social and spatial density meets not only Maslow's deficit needs in the form of safety, but being needs in the form of Belonging. DSCU's successful combination of the medical and social models includes improved nutrition, weight gain, and survival rate; employment of resident food preferences; and staff assistance in feeding. Reviewing the literature within the construct of two prominent psychological theories validates the need for the integraton of the medical and social model and the danger of their polarization.

18. Understanding the Potential for Technology to Support Caregivers

Katherine Olson, MA, Marita A. O'Brien, MS, Wendy A. Rogers, PhD, & Arthur D. Fisk, PhD, Georgia Institute of Technology, & Neil Charness, PhD, Florida State University

Caring for persons with Alzheimer's or other dementia related illnesses can be very difficult. The prevalence of technology in many domains has encouraged healthcare providers to explore the use of technology to help caregivers. Although paraprofessionals with an average age of 39 care for many Alzheimer's patients, most care is provided by unpaid family members, over 10 million aged 50 and older. Given typical age-related differences in experience with technology, caregivers in these two age categories may be expected to differentially use the same technology. We examined technology usage patterns in younger and older adults to guide expectations for effective technology use that leverages existing knowledge. The data analyzed came from the Center for Research and Education on Aging and Technology Enhancement (CREATE), a consortium of three American universities in the South. We found that older adults use many of the same technologies as younger adults though in different domains and frequencies. For example, older adults use the Internet more for communication than any other age group

in the healthcare domain. Our goal was to understand the capabilities and motivations of adults representing caregivers at different ages so technology can be designed to effectively support caregiver needs.

19. The Economic Crisis and Older Americans

Harry Moody, PhD, AARP, Washington, DC & Larry Polivka, PhD, University of South Florida

The economic downturn that began in 2008 is having catastrophic impact on older people, including decline in assets and retirement savings, deteriorated home equity, unemployment of older workers, and expected cutbacks in local government support for programs such as Medicaid and other human services. More broadly, the whole "moral economy of retirement" is under question, posing questions like Who can I trust? Who is to blame? What will happen next? Attention is given to the impact of the downturn on the mental health of older people and their families. In this symposium, participants analyze the roots of the current crisis with special attention to its impact on different segments of the older population: the young-old, the old old, etc., and on differential impact in different geographic regions of the U.S. We also explore different adaptive strategies such as worklife extension, foreclosure relief, and federal aid to state and local governments. Looking beyond the current situation, participants consider policy directions appropriate for a life-course perspective in a new era of the "risk society" now experienced by all generations.

20. Learning from Families: A case of a caregivers support group in a hospice setting

Tommie V. Boyd, PhD, LMFT & Yulia Watters, MS, Nova Southeastern University

Dementia is one of the most pervasive diseases known and causes of death in the U.S. From being unnoticed to invading all aspects of a person's life, this illness gradually affects the entire family who watch their loved one lose connections with everyday life. Family members experience emotional and physical exhaustion from their care giving roles; they also must make ethical and moral decisions regarding end of life issues. These caregivers are called upon to support patients in every aspect of their lives, thus often forgetting to take care of themselves. This workshop examines ways to provide needed support to family members who care for persons with dementia. A caregivers' support group model, developed through a systemic postmodern lens, will explore how such an approach within a hospice setting has benefited group attendees. The presenters will identify the context and needs of this caregiver population and identify therapeutic approaches to promote hope, strength, and resilience, utilizing case examples. Participants will acquire practical knowledge and skills in how to develop support groups and work with caregivers as they participate in an experiential exercise.

21. The Community Based Healthy Brain Initiative

Scott Anstadt, PhD, DCSW, Florida Gulf Coast University & Sue Maxwell, MSW, Older Adult Services, Ft. Meyers, FL

The community based "Healthy Brain Initiative" is a community health initiative educational program of primary prevention provided through a partnership between Lee Memorial Health System and Lee County. It is geared to teaching persons how to exercise their minds daily in fun, simple, and effective ways. The program follows the Memory Bible theory and practice of Gary Small, M.D. (2002) aiming to improve mental performance by helping participants make informed decisions on lifestyle choices directly affecting brain functioning. The manual includes applicable theory explaining the importance of simple and practical daily exercises, leading to improved memory and cognitive agility. The community based model consists of offering a series of four classes using a manual of materials. Instructors are recruited locally and trained by one of the authors using a "train the trainers" model. Classes are offered throughout the metropolitan area, often in locations donated by trainers. Participants are given the "Memory Awareness Questionnaire" and a satisfaction survey at the beginning and end of the series. Randomly selected participants will be interviewed for qualitative

impressions of the course's continued usefulness. The workshop will share the community health initiative model, theoretical framework, exercises used, and preliminary findings.

22. National Dissemination of A Matter of Balance/Lay Leader Model: Monitoring effectiveness and fidelity

Peggy Haynes, MPA, MaineHealth's Partnership for Healthy Aging, Portland, ME

A Matter of Balance, an evidence-based falls intervention, is an eight session, lay leader led class that can be offered in a variety of community settings (MOB/VLL). MOB/VLL was successfully translated from a health provider led program into a lay leader model, expanding reach to older adults in diverse community-based settings. Participants reported significant improvement compared to baseline at 6 weeks, 6 months, and 12 months with regard to Falls Efficacy, Falls Management, and Falls Control; Exercise Level and Social Activity improved at 6 weeks and 6 months, and there were significant reductions in self-reported monthly falls at 6 months and 12 months. (Healy, et al, Journal of Applied Gerontology 2008; 27; 34.) MOB/VLL is included in the AoA Choices for Independence Initiative, addressing the significant growing problem of falls in older adults. National dissemination allows the program to reach new groups of older adults in 25 states through 240 sites. Forty-three organizations from fourteen states have chosen to participate in a national database for classes conducted between 2/2007 and 8/2008. Results of the matched pairs analysis indicate improvement in all measures on the pre and post class surveys. Workshop goals describe implementation, dissemination, and fidelity monitoring.

23. We All Have A Story: The use of Reminiscence Therapy with elders and their caregivers

Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama

Reminiscence (or life review) is a universal and natural phenomenon for all ages that provides healthy interactions with cohorts and increases socialization. Life review can be considered a form of oral history and many families find it meaningful to write down stories in notebooks. Making audiotapes and videotapes can be an important adjunct to the oral history taking. Elders are often socially isolated due to circumstances beyond their control and suffer a decline in cognitive function that might not occur with the stimulation of socialization with cohorts. Even though elders may attend senior centers, gather at assisted living centers or in long-term care facilities, there is no guarantee that they actually connect emotionally with each other. The maintenance of primary and secondary relationships within one's own generation becomes more difficult with age and by placing a great value on aging and demonstrating to elders that their life stories are important, rapport is developed and they are able to be more open about their problems and issues. Life review sessions are simple to conduct and promote health in any setting. This presentation will demonstrate how to conduct the sessions in various settings and discuss past sessions.

24. The Effect of Chronic Diseases and Obesity on the Functional Limitations in Older Hispanic Americans

Sang Gon Nam, MS, University of Texas Medical Branch

One or more chronic diseases are disproportionately present among the older population. According to CDC statistics, about 80% of older Americans have at least one chronic condition, and 50% have at least two. Recently, obesity has shown a positive relationship with one of the prevalent chronic diseases in the older population. However, there is little analysis and association between obesity and functional disability among the older Hispanic American population, in spite of several studies about obesity and disability. Further, these studies have limitations because they focus on obesity without considering chronic diseases or the non-Hispanic American population. These research gaps are critical since obesity contributes to serious health consequences which are a primary risk factor for chronic diseases. The objective of this study is to examine the effect of obesity and chronic diseases on the functional limitations in

older Americans using Hispanic EPESE data. This study is expected to find the effect of obesity and chronic diseases on the functional limitations in older Hispanic-Americans using H-EPESE data.

25. A Multidisciplinary Approach to Detecting and Responding to Elder Abuse: Merging the fields of criminal justice, medical forensics, and linguistics to develop protocols for education and training

Anita Blowers, PhD, Univeristy of North Carolina at Charlotte, Mary Smith, Central Piedmont Community College, Boyd Davis, Dena Shenk, & Kina Jackson, Univeristy of North Carolina at Charlotte

As the aging population grows, the problem of elder abuse and neglect is escalating. Cases of elder mistreatment are anticipated to increase further as the "baby boomers" age and the number of elderly individuals living and receiving care at home increases (Kennedy, 2004). While there has been a steady advancement in our understanding of elder abuse, consensus exits that society's response to this type of abuse is analogous to where the response to child abuse was thirty years ago and where the response to domestic violence was ten to twenty years ago (National Institute of Justice, 2006). This paper discusses the importance of utilizing a multidisciplinary approach to the study of elder abuse that fuses the fields of criminal justice, medical forensics, and linguistics to develop training modules to increase public and professional awareness of elder abuse.

26. Preventing Suicide in Older Adults: Looking at suicide completion data and U.S. Census projections for direction

Sarah Buila, PhD, Southern Illinois University Carbondale

According to the Centers for Disease Control and Prevention, older adults have disproportionately higher rates of suicide completion compared to other age groups. This study takes a look at existing data on suicide completion and U.S. Census projections for population demographics. Utilizing what is already known about compounding risk factors for suicide in older adults, population projections provide direction for health and mental health practitioners, policy makers and educators. This study identifies population demographic characteristics that are changing with specific attention to age, gender and race. For example, racial demographics are changing. Most recent statistics show white males at the highest risk for completed suicide and white males aged 85 and older have the highest rate of suicide. However, as a population, white males are not increasing at the same rate as other racial populations. In fact, the group that is third in terms of completed suicide, Hispanic males, is increasing at a much faster rate. This study has implications for suicide prevention efforts, mental health treatment approaches, culturally sensitive assessment and screening for depression and practitioner training needs.

27. Trauma and Resiliency in Elderly Katrina Survivors

Susan Hrostowski, PhD, The University of Southern Mississippi

This paper explores the experiences of older adults (65 and up) who experienced great loss in the wake of Hurricane Katrina. Three years after the catastrophe, many older adults still struggle to put their lives back together. The unique experiences of the elderly in the midst of natural disasters, including the lack of planning for their particular shelter needs, are described, as well as the propensity of many to utilize coping skills to survive and even thrive in spite of it all. Interviews with survivors illustrate the challenges older adults faced in the aftermath of Katrina's devastation. A review of resilience literature and applications for practice, education, and advocacy are also included in the paper.

28. Medication Management and Regulation in Assisted Living Facilities in the State of Georgia

Shanzhen Luo, MA, Candace L. Kemp, PhD, & Mary M. Ball, PhD, Georgia State University

The need for assistance with medication is among the most commonly cited reasons for relocating to an assisted living facility. Medication management is closely associated with resident quality of life in these increasingly popular non-medical

residential care settings, yet the issue has received little research attention. Using data from the state-wide study, "Job Satisfaction and Retention of Direct Care Staff in Assisted Living", we examine medication management practices and accompanying regulations across 45 facilities in Georgia. Our qualitative analysis of in-depth interviews with administrators (n=43) and care workers (n=41) as well as care worker surveys (n=370) asks: How is medication managed within and across facilities? What, if any, gaps exist between practices and regulations? And, what factors influence medication management? Our findings suggest that medication management practices are not uniform and vary across, and frequently within, facilities, in some cases violating regulations. Facility size and administrative philosophy, staff training and educational backgrounds, resident frailty, and communication between residents, family members and staff, as well as ambiguous regulations are factors that influence the quality of medication management. Future improvement will depend on clarifying and modifying existing regulations in ways that are achievable in practice and protect residents' rights.

29. Design and Technology for Successful Aging in the Community

Organizer: Claudia Winegarden, PhD, Georgia Tech
Discussant: William Mann, PhD, University of Florida
Presenters: Jon A. Sanford, M.Arch. & Marita O'Brien, MS, Georgia Tech

Independence in ADLs has long been the key measure of older adults' ability to age successfully in the community. More recently, the World Health Organization has proposed a model that redefines successful aging from a singular focus on improving function in the home to a multidimensional focus on the interaction between impairment/function and contextual (i.e., personal and environmental) factors as they impact activity and participation across settings. This symposium will present research on the contributions of design and technology to activity and participation of older adults in their homes, workplaces and communities. The first presentation will provide an overview of the WHO's ICF model and present findings that suggest that universal design can promote activity, participation and successful aging in the workplace. The second presentation will discuss findings that identify communication needs of older adults living in a range of housing options, and the design of inclusive communication devices to help them maintain personal and social connections. The third presentation will report findings from a study that examined encounters of older adults with everyday technologies such as ticket kiosks and cell phones to understand how older adults continue to use these technologies in spite of age-related declines.

30. When Worlds Collide: What happens when the aging patient with chronic mental illness needs treatment for physical conditions?

Sarah Buila, PhD, Southern Illinois University Carbondale

For many individuals increased health problems come with growing older but what happens when an older person has difficulty accessing preventive healthcare and health treatments because they also have a serious mental illness? Is our current healthcare system doing a sufficient job at handling the medical needs of aging persons with mental illness? It is estimated that 1 in 17 persons in the U.S. have a serious mental illness. The importance of addressing health care needs of persons with chronic or severe mental illness is compounded by higher rates of co-morbidity and shorter life expectancy. Workshop participants are invited to dialogue about the barriers to providing adequate health care to persons with severe and chronic mental illness. Case scenarios derived from mental health crisis practice experience and the literature will be presented for the identification of both strengths and weaknesses in each case. Cases will illustrate some of the specific problems that can occur in aging persons who have schizophrenia and who have bipolar disorder. The goal of this work shop is to increase awareness of special needs of persons with severe, chronic mental illness and the interactive forces at work in providing them with optimal health care.

31. Aging in Place: Putting research into practice

LaVona Traywick, PhD, University of Arkansas Cooperative Extension Service

"Aging in Place" is a coined term that simply means growing older in one's own residence without having to move. The majority of senior adults have the desire to remain in their own home without having to move despite their changing needs. The use of the principles of universal design "the approach to the design of products, services and environments to be usable by as many people as possible regardless of age, ability or circumstance" in simple planning procedures and in selection of conventional products can assist many senior adults in their everyday activities. The research based "Aging in Place" program designed for use by the University of Arkansas Cooperative Extension Service is a six lesson, hands-on education intervention developed through a partnership with the University, AARP, and Extension. 709 individuals from Arkansas participated in the "Aging in Place" presentation series in January through October 2008 with 90% stating that they plan to make at least one change as a result of the program. This workshop will present the first lesson in the Aging in Place curriculum followed by a discussion of how to take the research literature produced by the academic community and repackage it for the general public.

32. Using Person-Centered Approaches to Motivate Persons with Mid-Stage Dementia

Jodi Teitelman, PhD, Virginia Commonwealth University & Christine Raber, PhD, Shawnee State University

Diminished ability to express preferences and initiate engagement in activity is frequently observed among older adults with moderate levels of dementia. In this workshop, challenges to motivation will be addressed, followed by motivational strategies suggested by results of a recent qualitative study involving observation of and interview data on the lived experience of motivation in persons with moderate dementia. Using person-centered care as its conceptual framework, this study identified three themes with potential for practical application: a) the need for practitioner/caregiver sensitivity to the subtle ways in which persons with dementia express motivation to participate, b) the need to redefine what constitutes "meaningful" or "successful" activity, and c) the potency of social interaction in encouraging or discouraging client motivation. Suggestions from other sources, such as validation therapy communication techniques and the identification of appropriate activity and environmental supports to stimulate motivation, will also be explored. Finally, participants will be encouraged to use this workshop as a forum for discussing their own unique successes and challenges in stimulating motivation among care recipients with dementia.

33. Preparing for an Aging Society: A developing world perspective

Donneth Crooks, PhD (c), Florida International University

Once seen as a feature of developed countries, population aging is now occurring in many developing countries, and at a rapid pace. However, developing countries could face significant challenges as they experience population aging. In the main, the wellbeing of older adults in developing countries is provided by an informal support system comprising the family, the community and a range of voluntary organizations. With increased longevity, falling fertility rates and changing social and cultural norms, all within the context of constrained socioeconomic development, this informal support system is being compromised. This paper examines some of the broad issues that developing countries face as they begin to prepare for the aging of their populations. The paper argues that old age security is a critical element of this preparation and this requires the development of appropriate aging policy that takes into account the particulars of the economic, social and cultural environment.

34. Working Towards a Model Community in Williamsburg: Designing a master aging plan

Christine Jensen, PhD, Center for Excellence in Aging & Geriatric Health, Williamsburg, VA

The purpose of this workshop is to outline the steps undertaken to develop a Master Aging Plan (MAP) for the Greater Williamsburg community in Virginia. The Senior Services Coalition (SSC), a group of social service and healthcare providers that support the community's older residents, determined that the Williamsburg area was ripe for the development and implementation of a plan to create a more senior-friendly community. More than 22% of the community's residents are 60 and older, compared to 15% for the Commonwealth, as a whole. The SSC secured funding from the Williamsburg Community Health Foundation and contracted with the Center for Excellence in Aging and Geriatric Health to prepare the plan. Four community-wide forums have been held to obtain input and direction for the plan, to identify responsible partners and potential funders, and to gain consensus for implementing the 10-year plan. Utilizing the continuum of long-term care approach (Evashwick, 2005), the MAP will address four priority areas: vulnerable seniors; awareness of and access to resources; housing and neighborhood support; and seniors as a resource. This working document offers recommendations, goals, strategies, action steps and timeframes to make the area a more livable community for seniors.

35. Web Resources: Using current resources to inform programming decisions

Janice I. Wassel, PhD, University of North Carolina at Greensboro

The multiple impacts of aging on the American society and economy are increasingly evident and well-documented. This unparalleled experience is straining public and private systems that serve older adults. Planning for services is always challenging, but current economics resulting in strained budgets is likely to increase difficulties in planning. Using North Carolina as an example, this presentation will discuss current low-cost resources readily available through the web and linking this information to county level data to inform programming decisions. This presentation will use North Carolina mental health data, migration impact information, employer and business size together with population characteristics in discussing planning future health services.

36. SWOT in Aging

Caroline Westerhof, PhD, Colorado Technical University

SWOT analysis, a tool for understanding energies, activities for situations in business and organization, is an acronym for Strengths, Weaknesses, Opportunities and Threats; it is to review strategy, position and direction of concepts or organizations. It has not been used for individuals over 60 and beyond to identify the newest chapters and energies in their lives. For some, it becomes a painful reminiscing of the past and what they may no longer have that is tangible in their lives. Memories can be painful; for some, the aloneness, is dreadful. This paper questions different cohorts of people, 60 years and over, using a formal questionnaire, asking, how they see themselves today in their cultural and physical aspects. They will individually complete the questionnaire, in organized, formal groups, and separately, to see how each views himself or herself, and how the professional community can better serve them, so that they may build upon the energies of their earlier years, and benefit those who are both younger and older than they are today. We recognize that their present state is both an asset and energizer, and demonstrate that they can assert their positive energies to benefit themselves, others, and the community-at-large.

37. Unfinished Business: A symposium in honor of Charles F. Longino, Jr.

Organizer: Victor W. Marshall, PhD University of North Carolina Institute on Aging
Discussant: Harry R. Moody, PhD, AARP, Washington, DC
(Continued on next page)

***Unfinished Business* Papers:**

37a. Don Bradley, PhD, East Carolina University

"The Life Course Model of Later Life Migration: Evidence from the American Community Survey, 2005-2007"

Litwak and Longino's seminal 1987 article, published in The Gerontologist, argued that the character of later life moves depends on the life course event or events motivating relocation. Retirement creates the opportunity for an amenity-seeking move, whereas widowhood or declining health often generate pressure for an assistance move toward adult children. Severe disability motivates a third type of move, into an institutional setting. Using 1980 Census data, Litwak and Longino examined the composition of later-life migration flows between amenity-rich Florida and selected states in the Northeast and Midwest. Consistent with a life course model of later life migration, Florida arrivals were younger, more likely to be married, and less likely to be disabled or in a dependent living situation as compared to those leaving Florida bound for colder states. The present study revisits Litwak and Longino's important work using data from the American Community Survey, 2005-2007.

37b. Jim Mitchell, PhD, East Carolina University Center on Aging

"Preliminary Study of the Impact of Retirement Migration in Dare County: The importance of topography for community integration"

Much of the literature on retirement migration focuses upon identifying, tracking, and comparing the size and composition of inter- and intra-state migration streams. There is little work evaluating the dynamics of the integration of older adult immigrants into the social and interpersonal fabric of receiving communities. This presentation is based upon preliminary qualitative work done in the 1980s with key informants (e.g., service providers, retired immigrants, and life-long older adult residents) in Dare County, North Carolina. The discussion and comparative community analysis highlights the significance of topography and coastal wetlands for the residential integration of retired immigrants with older natives.

37c. Larry Polivka, PhD, School of Aging Studies, University of South Florida

"Revisiting the postmodern culture of aging and retirement security"

The neoliberal version of postmodern aging with its focus on a highly individualized and consumption-oriented aging experience (Gilliard & Higgs, 2000) seemed to be fully consistent with the neoliberal political economy and moral culture of the "age of Reagan" that stretched from 1980 to the recent past. With the collapse of the neoliberal economy and the culture of corporate entitlement, however, it is time to reassess the culture(s) of aging perspective. How is it holding up? Can we reconstruct the institution of retirement as it existed from 1946 to 1980 or do we need to create new forms of retirement security that reflect the "new society" as well as a renewed commitment to greater equality and shared well being? This presentation will attempt to address these questions by picking up where my article with Chuck Longino left off in 2005.

37d. Victor W. Marshall, PhD, UNC Institute on Aging

"A Life Course Perspective Approach to Information Technology Work"

At the time of his death, Chuck Longino was a valued member of the Workforce Aging in the New Economy (WANE) project. Marshall and Longino had planned to co-author papers from the project, which uses the life course perspective to understand the importance of age in small and medium-sized information technology firms in the United States, Canada, Australia, England, The Netherlands and Germany. This paper draws selectively on qualitative and quantitative data from eleven firm-based case studies conducted in Florida and North Carolina. I touch on the importance of age in these settings, in which the workforce is demographically 'young' in comparison to the overall U.S. workforce, and focus on the nature of jobs and careers in the IT field.

38. Master's Advanced Curriculum Project: Challenge & success integrating gerontological content in graduate education

Wayne Moore, MSW, ACSW, PhD, North Carolina A&T State University, Janet Kanode, MSW, LCSW, & Jay Poole, MSW, LCSW, University of North Carolina at Greensboro

In a national 2005 NASW survey, 75% of licensed social workers reported working in some capacity with older adults yet future MSW practitioners may lack the necessary advanced competencies to address older adults' health and behavioral health issues. The Council on Social Work Education through the Gero-Ed Unit has emphasized the need for the integration of gerontology content into all aspects of social work education. The Master's Advanced Curriculum Project (MAC) at UNC Greensboro and NCA&T State University, initiated in 2007, seeks to integrate gerontological content into its health care and mental health curriculum. Funded by the Hartford Foundation, the MAC project developed and utilizes seven learning modules plus an annual community based training session to expose graduate MSW students and community practitioners to gerontological content and issues. This workshop reports on the goals of the project, the selection and development of the seven learning modules, and the evaluation and student outcomes results. Discussion of the challenges in implementation and support of the project, impact on present curriculum, field education program, and plans for the final year are included. Participants will be encouraged to utilize materials to develop or strengthen gerontological content in course offerings.

39. Journal of Applied Gerontology: Meet the Editor

Malcolm Cutchin, PhD, University of North Carolina at Chapel Hill

This session is open to all but is primarily intended to serve authors who might consider submitting a manuscript to JAG. Besides providing a chance to meet the editor and learn about the Journal's current aims and scope, interests, and policies, the session will cover the process of manuscript submission, management, review, and editorial decision-making. A particular goal is to foster a better understanding among less experienced authors about how to increase their odds of success in publishing in JAG (and other venues). Questions from the audience about any matters related to the Journal will be encouraged.

40. Training CNAs in Chronic Disease Prevention: Improving the lives of patients and providers through connecting the university to the community of direct care workers

Melanie Bunn, RN, MS & Emily O'Leary Egerton, MEd, PhD, Duke University

While CNAs spend more time with patients than other providers, they are often underprepared to care for older people with complicated chronic diseases and underappreciated as contributing team members. Added to these challenges, traditional didactic training programs have proven unsuccessful in changing these learner's behaviors. To address these issues, a nurse consultant with the Duke University School of Nursing was contracted by Duke University and the University of South Carolina medical schools to develop a unique, interactive model for training CNAs through a university sponsored, community based program. The program received a Fullerton Foundation grant to develop and implement a training program for CNAs on chronic disease prevention. The program goals are to help CNA participants: increase knowledge and skills concerning chronic disease prevention, practice using motivational interviewing in promoting healthy lifestyle choices, improve communication within the care team and make better choices regarding personal health behaviors. The goals of this workshop are to: report the results of 6 cohorts completing the program, discuss approaches for developing community partners for collaborative training, describe strategies for developing new or modifying existing training programs for CNAs using adult learning principles, experiential learning and multiple intelligences.

41. What Does It Take for BSW Students to Become Gerontological Social Workers?

Rosalie Otters, PhD, MSW, DMin, LCSW & Carolyn Turturro, PhD, University of Arkansas at Little Rock

UALR is the most diverse university in Arkansas, with almost a third of the students being African American. There are also many first generation college students, single working parents and older students with families as well as a mix of city and rural students. Arkansas, demographically, has a poorer population and also a large number of older adults. There will increasingly be a need for BSW-level social workers with generalist gerontological competencies, but relatively few BSW programs offer such learning experiences. A BSW Experiential Learning (BEL) grant has been awarded the UALR School of Social Work, 2008 - 2010. The BEL program is part of the Council on Social Work Education Gero-Ed Center, funded by the John A. Hartford Foundation. We have two voluntary experiential programs for putting BSW students into the community: 1. Fall placement at a continuing care retirement community, developing a life review with an older adult. 2. Spring placement at the University of Arkansas for Medical Science geriatric clinic, shadowing and participating in home visits. Both placement options are part of core classes. This paper will present preliminary research on student attitudes toward aging before and after their experiential learning experiences.

42. Seamless and Accessible: A university community collaborative for elders

Rosemarie Santora Lamm, PhD, ARNP, University of South Florida Polytechnic

A "grassroots" organization, The Coalition on Aging Think Tank, formed a coalition that supports the establishment of a center to provide education, support, and access to services needed. CATT collaborated with The University of South Florida Polytechnic to develop the Rath Senior ConNEXTions and Education Center. Research indicates that chronically ill elderly persons are caregivers in a rural tri-county region of Central Florida (Lamm 2001). Services are provided by many agencies while elders do not have information and/or access. The Rath Center provides access while collaborating with the agencies to facilitate services. While facilitating this connection, the professionals at the center provide education and support groups related to memory disorders, Parkinson's disease, caregiver stress, grief, and chronic diseases. Senior Scholars is an educational program for seniors that provides diverse classes including computer skills. Students and elders volunteer to teach in this intergenerational learning community. This center also provides a laboratory for students from USFP to have experiencial learning preceptorships and volunteer. This unique integration of the university and community yields valuable outcomes for access to services and gerontological education.

43. A Partnership of a University with a Continuing Care Retirement Community

Gordon Streib, PhD, University of Florida

There are an increasing number of retirement communities near colleges and universities. The proximity has advantages for both organizations and the participating people. Oak Hammock at the University of Florida is the first of these facilities to have signed agreements about the services and the relationships of the university and the continuing care retirement community. The paper will describe and analyze the nature of this unique relationship. The research is based on records, documents, newsletters, etc. A 2007 survey will be summarized. The author has participated in over five years of observations of the relationship. A life course perspective will provide an analytical structure for the paper.

44. Who Can They Ask For Help? Support Systems of Older Chinese Americans in a Chinese Church

Chih-ling Liou, MS, Virginia Polytechnic Institute and State University

The number of Chinese elders living in the United States is increasing steadily. They are faced with increasing challenges to meet their needs for social support and are unlikely to turn to formal services. This

study examined social support within a church community, and the ways in which a Chinese church functions as the site of social support for Chinese elders. Ten in-depth interviews were conducted with Chinese elders who attend Charlotte Chinese Baptist Church (CCBC) and included questions concerning patterns of support and personal relationships within the church. Findings of the study disclosed that ability to drive, English language skills, and living arrangements affect the support the elders received and expected within the church. Results indicated the church is a viable source of supplementary support for elders whose families are unable to provide adequate support. Therefore, this study provides an opportunity for the Chinese church to be aware and be more proactive to provide support to its older church members.

45. Discerning Prior Knowledge Use by Older Adults in Technology Interactions

Marita O'Brien, MS, Wendy A. Rogers, PhD, & Arthur D. Fisk, PhD, Georgia Institute of Technology

Active participation in daily and civic activities requires effective use of technologies, including everyday devices such as cell phones and voting kiosks. These are designed for everyone to use with no training and with minimal instructions. Prior research (e.g., Norman, 2002; Polson & Lewis, 1990) suggests that users can be successful if they can leverage their prior experience. However, determining which prior knowledge will be used with a particular technology may be difficult in the older adult population whose longer lifetimes and more heterogeneous experiences increase the range of potential experiences used. This presentation describes an observational study that systematically examines the use of prior experience among older adults operating the same everyday technologies. In the study, participants complete selected tasks on three exemplar technologies while narrating their observations and interactions. They are then inteviewed to evaluate familiarity, recency, and breadth of relevant prior experience. Video recordings of both the interactions and interviews are analyzed to examine the use of prior knowledge in successful interactions with these sample products. Discussion of results will highlight the features, interaction styles and reference technologies that make everyday technologies more usable for older populations.

46. Educating Leaders in the Profession: Looking to the future, learning from the past

Janice I. Wassel, PhD, University of North Carolina at Greensboro

Gerontology programs face an uncertain future, even in excellent economic times. Departments market programs attractive to undergraduate students such as early childhood education and criminology to fill FTEs and cancel gerontology courses. As the proportion of the older adult population increases, the number of gerontology programs and their funding is decreasing. The future of gerontology education lies in attracting top students through developing creative courses and new curriculum designed for a new marketplace of older adults. This presentation will first discuss the role that regional organizations such as the Southern Gerontological Society should have in promoting gerontology programs in higher education. Next, the state of the gerontological curriculum (past and present) will be addressed with recommendations for strengthening gerontology programs and curriculum. Recommendations will include curriculum and marketing examples implemented at The University of North Carolina at Greensboro.

47. Long Term Care Policy Research in Florida

Organizer: Debra Dobbs, PhD, University of South Florida,
Presenters: Kathryn Hyer, PhD, Larry Polivka, PhD, Glenn Mitchell, PhD, University of South Florida

The panel of presenters will address critical issues in long-term care policy from the perspective of research and policy analysis work they have completed during 2008. Dr. Polivka's presentation will cover a wide range of policy issues related to the future of the aging network in the delivery of long-term care services. Dr. Hyer will report

findings from research she has done on the quality of care and life in nursing homes in Florida. Dr. Dobbs will present findings about the use of hospice care in Florida's assisted living facilities.

48. Enhancing the Service Delivery System of a Non-Profit Agency through Community Partnerships

Ken Jasnau, MSW, ACSW, LMSW, Georgia Department of Human Resources (retired) / Meals on Wheels of Baldwin County, Inc., Hardwick, GA

With the assistance of a local minister, MOW of Baldwin Co., Inc. was established in 1975. Meals are purchased from local hospitals. 90-100 volunteers deliver between 7,000 & 8,000 meals per year. United Way funds are utilized to pay for indigent meals. MOW of Baldwin Co., Inc. has partnered with School of Nursing, Georgia College and State University (collection of outcome measurements required by United Way and the provision of health and safety services); School of Business Administration, GCSU (fund raising, brochure revision, web-site development); The GIVE Center, GCSU (plants for Thanksgiving); Elementary School (blankets & Christmas cards); Salvation Army (Christmas gifts for indigent recipients); Local Adult Sorority (gifts for every recipient for every major holiday); Green Acres Nursing Home (weekly newspapers for each recipient); Churches, State Offices & Local Businesses (teams of volunteer deliverers). This workshop will focus on sharing of existing or potential partnerships for this and other community human service delivery systems.

49. Florida's AAAs Unite to Implement Aging Resource Centers

Maureen S. Kelly, President & CEO, West Central Florida Area Agency on Aging, Inc.

Florida's Area Agencies on Aging united to maximize resources for a more effective implementation of Aging Resource Centers (ARC's), including a statewide information and referral database and a quality assurance plan to measure improvements. Learn about the Florida experience and engage in conversations with regard to future expansion of the ARC concept.

50. Difference by Race in Mental Health Indicators by Socioeconomic, Work Ethic, Health, and Functional Ability Indicators

Jim Mitchell, PhD, East Carolina University & UNC Chapel Hill

Based upon data from the Americans' Changing Lives Survey, this paper examines differences between African and White American adults in the significance of selected predictors of depressive symptoms and life satisfaction over 4 time intervals spanning 20 years. Data analysis includes assessment of racial differences in the psychometric properties of depressive symptoms. Subsequently, the effects of racial difference in change in selected socioeconomic, work ethic, and functional limitations over time upon subdimensions of depressive symptoms and life satisfaction is assessed. Results suggest that there is no difference by race in the psychometric properties of depressive symptoms. However, there are differences by race among predictors of subdimensions of self-reported depressive symptoms initially and over time. The importance of racial differences in subdimensions of depressive symptoms for intervention and treatment among African and White American adults is discussed.

51. Afrocentric Paradigm, Subjective Health Status, and Elderly African Americans Life Satisfaction

Patricia A. Wilkerson, PhD, University of Arkansas at Little Rock

The influence of life satisfaction for African American elderly can be examined from the Afrocentric paradigm. The quality of health for older persons has bearings on their well-being and becomes more meaningful in terms of self-evaluated health. Research indicates that elderly with multiple health problems do not always assess their life satisfaction as low. Specifically, two questions of primary emphasis to this study were: 1) What are the overall subjective health status and health conditions of the African American elderly who participate at the senior centers? 2) To what extent, if any, do their health conditions interfere with their levels of activity? A survey research design was employed to conduct this exploratory

study. Personal interviews were used to collect data from 217 elderly senior center participants who were asked to assess personal perceptions of their health. Participants indicated from a list whether they had or had not been diagnosed with a medical condition. If answered positively to a condition, they were asked whether the condition interfered with the level of their activities. Theoretically, the Afrocentric paradigm addresses the social world of elderly African Americans and provides the means to examine the influence of subjective health status on their life satisfaction.

52. Family Caregiving in Stroke: The CARES project

William Haley, PhD, University of South Florida

Stroke is the third leading cause of death in the United States and is a leading cause of disability. Stroke is responsible for considerable burden for family caregivers, but family caregiving in stroke is an understudied topic. The presentation will overview the Caring for Adults Recovering from the Effects of Stroke (CARES) study, which is funded by the National Institute for Neurological Disorders and Stroke. CARES utilizes participants from a national, epidemiologically based study of White and African American individuals 45 and over who are at risk for stroke, and recruits patients who experience a first stroke and their family caregivers. Information will be provided on our stroke ascertainment methods, recruitment process, and telephone and in-home interviewing procedures. In addition, results will be presented on the prevalence and stressfulness of caregiver reported patient problems with cognitive impairment, communication, daily functioning, disruptive behavior, and mood disturbance, as well as perceived benefits of caregiving. Caregivers' reports of overall burden and depressive symptoms will also be reported. Similarities and differences of our findings with research on Alzheimer's caregiving will be emphasized. Results indicate that stroke is a topic deserving of greater attention as an important caregiving issue.

53. Connections with Residents: "It's all about the residents for me"

Candace Kemp, PhD, Mary Ball, PhD, & Carole Hollingsworth, MA,Georgia State University, & Michael Lepore, PhD, Brown University

Nursing home and home care research suggests that the relationships direct care workers (DCWs) have with their care recipients can be meaningful to both parties, influencing care quality and worker satisfaction. Despite this, little research has considered these relationships in assisted living (AL). Using data from a state-wide study involving 45 AL facilities in Georgia, this paper explores how DCWs perceive and experience their relationships with residents, identifies the factors that affect relationships and considers their influence on DCWs' caregiving experiences, including their overall job satisfaction and retention. Guided by grounded theory method, our analysis draws on qualitative data from in-depth interviews with 41 DCWs and 43 administrators, and surveys with 370 DCWs. Although DCWs describe relationships with residents that range from "close" and "personal" to "difficult" and "abusive" or "frustrating", most say that "taking care of" and "being with residents" is the most satisfying aspect of their work. A host of community, facility, and individual factors affect relationship quality. Overall, however, most DCWs perceive their relationships with residents as rewarding social relations and important sources of professional and moral affirmation. Ultimately, such relational aspects of care work are meaningful and central to DCWs' satisfaction and retention in ALFs.

54. "React and Go with It": Friendships of persons with Alzheimer's and cognitively intact individuals

Brandi McCullough, MA, University of North Carolina at Greensboro

As a result of the rising prevalence of Alzheimer's disease, it will be increasingly important to conduct research on all aspects of the disease, which includes the social relationships of the individuals with it. This study focuses on the friendships of persons with Alzheimer's and cognitively intact individuals, examining the processes,

structures, and phases that characterize them. The author interviewed four Caucasian, community-dwelling women with Alzheimer's disease, who were able to provide informed consent. Participants were asked to speak about one good friendship in which they were currently engaged. Findings indicated that although some participants experienced shrinkage in their friendship networks, some remained socially engaged with friends. Although some respondents did experience social isolation following the Alzheimer's diagnosis, others continued to experience rewarding friendship despite their communication difficulties and the stigma of the illness. Factors both within and beyond their control either facilitated or constrained their friendships, such as the death of a friend, a move late in life, a caregiver's presence, or a fear of interacting with others. A sense of continuity followed each woman into the disease trajectory, as most of them continued to relate to friends as in times pre-diagnosis.

55. Development and Implementation of a Toolkit for Retention of Nursing Personnel in Long-Term Care Settings

Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama

With turnover rates in nursing homes averaging between 50-200% it is safe to say that there is a crisis in this setting. With the high percentage of residents in nursing homes diagnosed with dementia it is essential that nursing personnel form a stable workforce and provide continuity of care. With each turnover, the caregiving relationships and services provided to residents, the core commodity of long term care, is disrupted and can be so severely compromised that the well being of both residents, families, and workers is negatively affected. The cost of replacing nursing personnel exceeds 50% of the yearly salary for each employee. Along with this cost, recruitment and training of new hires, high separation costs/pay, unemployment taxes, and loss of efficiency prior to termination, as well as high temporary replacement costs, double that of regular employees, must be considered as detrimental to nursing homes. Another intangible cost of turnover is the deterioration of care due to new caregivers not knowing the residents' special needs. Together these facts make increased retention a cost effective measure for all nursing homes. A Retention Toolkit has been developed and may be used to foster increased retention of nursing personnel in nursing homes nationwide.

56. Nurses' Perceptions of Obstacles to Providing Good Care for Older Adults

Beth Barba, PhD, RN, FAGHE, FAAN, & Jie Hu, PhD, RN, University of North Carolina at Greensboro

This study examines the level of nurses' satisfaction about care of older adults in the nurses' employing agencies and perceived obstacles to giving good care. Three hundred twenty-four registered nurses who attended a continuing education program on best practices in gerontological nursing care were surveyed using the "Agency Geriatric Nursing Care Survey." The nurses were employed in acute care, home care and long term care agencies. Nurses were generally satisfied with care of older adults, particularly that aging and older adults' rights were considered, that older adults get the individualized care they need and that staff address issues about geriatric care. They were least satisfied with continuity of care for older adults across health care settings. Nurses identified staff shortages and time constraints as the most pressing obstacles to providing good care. They also cited communication difficulties with older adults and their families, lack of knowledge about care of older adults, and lack of coordinated interdisciplinary care.

57. Rural Residents' Perceptions and Management of Multiple Morbidity

Shoshana Bardach, MA, Goodenow, Anne C., BS, Manchikanti, Kavita N., BA, Schoenberg, Nancy E., PhD, University of Kentucky

Context: Nearly three quarters of older adults have at least two simultaneously occurring chronic conditions ("multiple morbidity"), a trend expected to increase dramatically in the coming decades. Residents of rural areas tend to have fewer personal resources and are more likely to live in medically underserved regions than others, characteristics that predispose them

to elevated rates of multiple morbidity and a compromised ability to manage these conditions. Prior research has focused on one condition at a time, despite the frequent co-occurrence of chronic conditions. Purpose: We sought to improve our understanding of the ways in which this disproportionately affected population perceives and manages multiple morbidity. Methods: Twenty older adults from a federally qualified health care facility were interviewed. Transcripts were content analyzed and techniques implemented to enhance transferability and rigor. Findings: Participants viewed conditions as serious or worrisome for many reasons, including recognizing the interconnectedness of their conditions. Participants indicated that conflicting treatments, the financial burden and psychological strain of handling multiple conditions and a sense of limited freedom due to their illnesses makes managing multiple morbidities difficult. Implications of the challenges of multiple morbidity among rural elders are discussed and recommendations for community health promotion are provided. Note: This project was supported by the Department of Behavioral Science at the University of Kentucky.

58. Predictors of Preventable Nursing Home Hospitalizations

Marion Becker, RN, PhD, Timothy Boaz, PhD, & Ross Andel, PhD, University of South Florida

Preventable nursing home (NH) hospitalizations place an enormous economic burden on an already overtaxed healthcare system. Hospitalizations for "ambulatory-care sensitive" (ACS) conditions are considered preventable, as these are physical health conditions that can potentially be treated safely in a NH. This study merged Medicaid administrative data and Online Survey Certification and Reporting (OSCAR) information for 72,251 Medicaid-enrolled NH residents in 647 nursing homes in Florida. We examined risk factors for ACS hospitalization during FY 2003-2006 and identified 10,091 ACS hospitalizations (18.5% of all hospitalizations). In a fully-adjusted proportional hazard regression, younger age, non-White race, dementia and serious mental disorder were associated with a greater risk of ACS hospitalization. Residents with a mental disorder and no dementia incurred highest expenditures for ACS hospitalizations. Among facility characteristics, participants from for-profit facilities, facilities that were not a member of a chain, facilities with more Medicaid recipients and facilities of smaller size (less than 120 beds) had increased risk of ACS hospitalizations. Attention to the predictors of hospitalization for ACS conditions could reduce risk and cost of hospitalizations among Medicaid-enrolled NH residents. The need to reduce unnecessary hospitalization will become only more urgent as the population ages and healthcare expenses continue to escalate.

59. Assessing the HIV Educational Needs of Older Adults

Victoria Foster, MSN, RN, P. C. Clark, Georgia State University, & M. Holstad, Emory University, Atlanta, GA.

Despite representing about 14% of all AIDS cases and with increasing rates, older adults are largely ignored in the HIV prevention literature. In older adults, HIV is mainly transmitted through heterosexual activity, and is therefore preventable. Programs or intervention strategies are needed with a focus on reducing at-risk sexual behaviors. This study will use the Information-Motivation-Behavioral Skills Model and Self-Efficacy theory to examine relationships among HIV knowledge, motivation, self-efficacy, risk reduction skills, and at-risk behaviors. A nonrandom sample of 64 men and women who are single adults, 50 years old or older, and sexually active by self-report, will be enrolled. A prospective, correlational design is proposed. Data will be collected upon enrollment (Time1) and three months later (Time2) to assess for at-risk behaviors. Six self-report questionnaires will be administered for major study variables. Accurate knowledge of condom use will be assessed using sorting of cards with appropriate steps for using condoms. Participants will be recruited from community settings in a large Southeastern state. Data will be analyzed using descriptive statistics and multiple linear regression. Findings from this study will provide a foundation for future age-

appropriate interventions to decrease HIV in this population.

60. Evaluating Daily Time Use and Well-Being Among Older Married and Widowed Women

Elizabeth Hahn, BS, University of South Florida

As widowhood becomes more common among older women, research suggests that this experience is related to their health (Maddison & Viola, 1968). This study examined associations between daily time use and both daily and global indicators of well-being during widowhood. Participants included 76 widows (mean age = 72.51, SD = 6.73) and 181 married females (mean age = 68.35, SD = 6.08) from the National Study of Daily Experiences (NSDE). Time use and health were measured during telephone interviews across eight consecutive days. Self-rated physical health was used as a global indicator of well-being, and daily indicators of well-being included daily positive and negative affect. Descriptive analyses revealed that widows spent significantly more time watching TV than married females ($t = -2.40$, $p < .05$), and married females spent significantly more time than widows doing chores ($t = 2.14$, $p < .05$). Results revealed a positive association between time spent doing chores and physical health ($t = 2.28$, $p < .05$), and a negative association between time spent volunteering and physical health ($t = -2.01$, $p < .05$). Understanding relationships between daily time use and well-being may impact interventions and decision-making for families and communities working to improve widowhood well-being.

61. Interrupted Lives: An exploratory study of self-management of diabetes mellitus among middle and older-aged African American women

Bridgett Rahim-Williams, MA, MPH, PhD, University of Florida

Among African Americans, behaviors and beliefs about management of disease constitute an important component of diabetes mellitus self-management. This study investigated divergence and convergence of patients' beliefs and behaviors with recommendations by diabetes educators. Twenty-five community-dwelling, middle and older-aged, African American women ages 46-87 with diabetes mellitus, completed semi-structured, in-depth interviews, a diabetes self-management questionnaire, and a demographic profile. Participants were asked about nutritional changes, physical activity, medication use, blood glucose monitoring, physician-patient interaction, support systems, and patient education/knowledge. Women reported exercise, medications, and dietary modifications as core components of diabetes self-management. Successful self-management depended upon beliefs, types of behavioral strategies utilized and available support. Barriers to access, costs of medications, testing supplies, pain, and referral to classes were among factors contributing to interrupted lives in diabetes self-management. Findings indicate that socio-cultural, structural and environmental factors support or impede participants' self-management of clinically recommended behaviors producing models of interruption to the self-management regimen.

62. Health Related Acculturation in Minority Adults

Sung Han Rhew, MURP, David Chiriboga, PhD, Yuri Jang, PhD, & Giyeon Kim, PhD, University of South Florida

The present study examined how health-related acculturation predicts self-rated health and health care satisfaction among racial/ethnic minority groups. Using data from the 2001 Health Care Quality Survey, nationally representative diverse samples ($N = 6,722$) were analyzed in this study. Health related acculturation scores were created from existing data and measured with the following three components: 1) effectiveness of communication with health care provider, 2) perceived prejudice/discrimination in clinical setting, and 3) racial/ethnic matching with health care provider. Hierarchical regression analyses were used to assess the predictability of health-related acculturation on self-rated health and health care satisfaction. Results showed that health-related acculturation predicted self-rated health and health care satisfaction, after controlling for demographic characteristics and general acculturation

proxies such as language preference and nativity. Lower health-related acculturation scores were associated with more negative self-evaluations of health. In health care satisfaction, the contribution to explained variance of health-related acculturation scores was substantially higher than that of demographic variables and general acculturation proxies. Findings suggested that health-related acculturation scores provide a useful framework for understanding health status and satisfaction with health care use among racially/ethnically diverse groups. Implications will be discussed in cultural context.

63. The Effects of Sport and Physical Activity on Life Satisfaction and Positive Affect

Ouaypon Tungthongchai, MA, University of Porto & Ed Rosenberg, PhD, Appalachian State University

Given the growth of older populations in the US and most other nations, and the importance of subjective well-being (SWB) to the lived experience of elders, continued research is merited on factors related to elderly SWB. Much research links sport and physical activity participation to better health, and better health to SWB. In this study we directly compare levels of sport and physical activity participation to SWB in a sample of young-old and old-old urban Portuguese elders. Data came from the Satisfaction With Life Scale (SWLS), the Positive and Negative Affect Schedule (PANAS), and the Behavior Inventory from the University of Porto's Sport Psychology Laboratory. Statistically significant ($p<.05$) findings include: 1) a decline in sport/physical activity with age; 2) young-old subjects had higher positive affect scores than did old-old subjects; 3) sport participation was positively related to higher SWLS and positive affect scores; 4) age-group differences in the relationship between physical activity and positive/negative affect; 5) age-group differences in the relationship between sport participation frequency and positive/negative affect. These and other findings and their implications are discussed.

64. Toolbox for Real Life Livin': Lifestyle aids for men with prostate cancer

Bryan Weber, PhD, University of Florida

Forty-million men are approaching or have attained 50 years, the age when prostate cancer begins to emerge and eventually becomes the most prevalent cancer in American men. Clinical practice guidelines do not provide information about daily management of surgery side effects. Thus, men recovering from the gold standard surgical treatment for prostate cancer have to deal with severely debilitating urinary incontinence, erectile dysfunction, and psychosocial consequences on their own or with partners who do not know how to support them. No research, to date, is focused on providing tangible support in the form of products and information. In this study, men and their partners will be provided a prostate cancer Survivor's Toolkit that will contain a variety of products and information designed to help these men and their partners deal with treatment side effects. Outcomes will focus on (1) variation in needs over time, (2) self-efficacy, depression, uncertainty and satisfaction with care, (3) and Toolkit usefulness. Information provided by men and their partners will be used to streamline the Toolkit to contain only those products considered most useful, making it a low-cost strategy that can be easily translated into practice in busy clinical settings.

65. The Effect of Generation on Complementary and Alternative Medicine Knowledge, Attitude and Use

Julie Wiggins, MA(c), Ed Rosenberg, PhD, & Lee Ann Ferguson, MS, Appalachian State University

Complementary and alternative medicines (CAMS) are historically popular in many developing nations and increasingly popular in developed nations. In America, about 2/3 of adults spend over $27 billion annually on CAMS (Goldstein, 2002; Tillman, 2002). Still, clinical test results of many popular CAMS disprove or fail to support their effectiveness; some CAMS have been linked to negative health effects. This research reports findings from a 3-generation study of knowledge of, attitude

toward, and use of 9 popular CAMS. The results are discussed in terms of their implications for public health, health care costs, health education, and current and future generations of elders.

66. Innovative Teaching Strategies: University service learning projects in gerontology

Shelley Brown, MA, Tennessee Technological University

For my "Aging in American Society" course, I was awarded funding for a project in which each student in the course can gain experience in research, grant writing, teamwork and community service through the development and execution of service-learning projects designed to meet the needs of the aging population. At the beginning of the semester, the class will be divided into groups of 2-3 and the students will be assigned to research the needs of seniors and design a project based on those needs. Each group will present a "project proposal" based on research that will be judged by a panel of TTU faculty and community service providers who work with the aging population. The panel will decide which two projects are most suited to meet the needs of seniors in our area. Each of the two winning teams will be awarded $500 and the remaining classmates will then work with one of the two teams. I will explain the individual proposals and the research supporting the needs of those projects. I will also include status updates for the projects, inclusion of service providers, photos of the students completing their projects, and comments on the reaction of the community.

67. Content Analysis: Integration of a feminist perspective in introductory gerontology textbooks

Tracy Cermak, BA, Kyle Pulner, BS & Elisabeth Burgess, PhD, Georgia State University

The purpose of this content analysis is to analyze in what ways a feminist perspective is integrated into introductory gerontology textbooks. Gerontology has ignored the role of women in an aging society, while much of the feminist literature has neglected to integrate issues concerning age (Garner, 1999). For this content analysis we reviewed commonly used introductory gerontology textbooks. We first identified three key terms to use in our search of textbook indexes; women, gender, and feminist/feminism. We then considered how those terms portrayed the key principles of a feminist perspective within the context of the subsection, section, chapter, as well as the textbook in its entirety. We hypothesize that of the textbooks reviewed the integration of a feminist perspective will be minimal and insignificant. Based on our hypothesis, we suggest that the exclusion of a feminist perspective is misleading to those accessing introduction to gerontology textbooks. Excluding this essential perspective hinders the understanding of gerontology as a multidisciplinary field.

68. Occupational Therapy Partners with Community Coalition in Fall Prevention Initiative

Christina Shaffer, OTR/L, University of North Carolina at Greensboro

The integration of clinical experience as an occupational therapist coupled with information and knowledge gained in gerontology academic coursework provided the opportunity to link practice with theory and actively participate in the safety needs of the older adults in our community through a gerontology internship with SAFE Guilford, an injury prevention coalition in Greensboro, NC. SAFE Guilford received grant funding from the Moses Cone-Wesley Long Community Health Foundation for its fall prevention initiative which included providing adaptive equipment to county residents who are at risk of falling and who otherwise cannot afford the equipment. The internship included the development of a program for five selected local agencies to distribute the adaptive equipment. The program included development of the training and education materials such as the form to use when evaluating the client and tracking the distribution of the adaptive equipment, information for social workers who do not have access to an occupational therapist on how to decide if adaptive equipment is safe and appropriate for each recipient, and a handout for the recipients on the safe use of the equipment. Training/education sessions were organized and performed for the social

workers and occupational therapists in each agency.

69. Depression Trajectory of Caregivers to Dementia Patients

Soyeon Cho, PhD, City University of New York, S. Zarit, PhD, The Pennsylvania State University, & D. Chiriboga, PhD, University of South Florida

The study examined trajectory of depression over five years in caregivers of dementia patients. At the baseline, 555 primary caregivers were collected. Caregivers were interviewed in one year intervals. Over the five years, more than half of caregivers experienced placement of dementia patients. About 75 caregivers continued to provide care to their relatives at the end of the study and about 100 caregivers experienced bereavement of their relatives. The study first examined whether the depression trajectory for caregivers who continued to provide care to their relatives was different from the ones who experienced the placement and bereavement. Growth curve analyses were used for the analyses. The study then investigated whether caregivers who started with lower levels of depression at the baseline showed different trajectory from the ones who started with higher level of depression at the baseline. The results showed that depression trajectory of caregivers who were in the continuing care group was different from the caregivers who experienced placement and bereavement. In addition, the study also suggested that caregivers who started with lower depression showed different trajectory from the ones who started with higher depression at the baseline.

70. A Profile of Informal Caregivers' Use of Formal Support

Tamar E. Shovali, MS, Juliette Christie, MA, & Gail M. Williamson, PhD, University of Georgia

The rapidly growing older population will generate more demand for support and services tailored to informal caregivers of frail elders. Formal support is provided by paid professionals, such as home health agencies, adult day care, transportation services, and support groups. Formal service use has been shown to improve the psychological well-being of caregivers, reduce the rates of premature nursing home placement, and contribute to caregivers' gains. Cross-sectional data were collected during in-person interviews with a diverse sample of 411 informal caregivers (58.4% White; 41.6% African American). MANOVAs evaluated the associations between the use of seven types of formal services and caregiver characteristics that have been shown to influence formal support utilization in past research. Consistent with prior research, caregivers utilized formal support infrequently. There were, however, demographic differences. Caregivers caring for older adults diagnosed with dementia used more formal services than did non-dementia caregivers. The same was true for African American and non-spouse caregivers, relative to their respective counterparts. Clearly, formal services are beneficial and readily available. Future research should explore the reasons formal support use is so low among informal caregivers. Implications for formal and informal support system responses will be discussed.

71. Measuring Mastery in Caregivers of Persons with Dementia

Cherie Simpson, MSN, RN, CNS, University of Texas at Austin

Mastery is a psychological resource residing within self that has been correlated with caregiver stress. Caregivers of patients with dementia (PWD) experiencing high mastery report less depression while higher reports of depression are correlated to lower levels of mastery. Global mastery is most often measured in caregiver research but there is also the concept of domain specific caregiving mastery. This study tested the feasibility and construct validity of an instrument measuring the combined concepts of global mastery and domain specific caregiver mastery in caregivers of PWD. A sample of 81 caregivers of community-dwelling PWD was surveyed and evidence of convergent and divergent validity was provided by strong correlations between combined mastery and self-esteem and combined mastery and depression. Exploratory factor analysis indicates that three factors can be identified. Factor 1

aligns with a global concept of mastery while factor 2 and 3 align with a negative and positive concept of domain specific caregiving mastery. Results suggest that it is feasible to combine the two concepts of mastery into one instrument without degradation of validity or internal reliability yet these are distinct concepts and both should be utilized to ensure a robust representation of the caregiver experience.

72. Perceptions of Stereotypes about Women with Gray Hair: Qualitative interviews by women who do and do not color their hair

Jeff Brooks, PhD, MSW, Fayetteville State University

This poster covers what older women reported feeling about how society treats them and older women in general by exploring how they feel about hair color. Forty women who have or have not let their hair go gray were recruited for qualitative interviews. Virtually all of the sample of women who now have gray hair (20) had dyed or colored their hair at some point. Questions covered reasons for allowing it to go gray, and feelings of self acceptance. Results of inquiry provide a better understanding of how these women feel about personal aging. Answers yield a macro level of thinking as respondents switch between significant and generalized others as they evaluate personal aging and experiences of other women. Results indicate older women experience stigmas and could also be called invisible. One noteworthy finding is the women were unable to identify any role models for older women. Responses from both groups of women suggest they feel gray hair and aging are stigmas. Fortunately, most of these women show strengths, resiliency and self acceptance as they cope with later life and gray hair. Handouts are available.

73. Barriers to Resident Care in Florida Nursing Homes During the 2004 Hurricane Season

Janelle Christensen, MA, Lisa M. Brown, PhD, Kathryn Hyer, MPP, PhD, & LuMarie Polivka-West, MSP., University of South Florida

The goal of this study was to learn more about the barriers to providing adequate resident care in nursing homes during the 2004 Florida hurricane season. Government reports and recent research suggest that insufficient facility preparation hindered response and sometimes resulted in dire consequences for residents. To explore and identify factors that facilitated or impeded hurricane related activities, six focus groups consisting of 30 participants (three directors of nursing groups and three groups composed of administrators) were conducted. Prompts were developed to elicit focus group participants' perspectives about the tangible challenges to meeting resident needs in the event of a natural disaster. When sheltering in place, lack of electricity left residents at risk for medication errors, heat stroke and infection control issues. Many of these issues remained even when generator power was in place. Those that evacuated expressed concern about the availability of transportation to shelters and the use of inadequately equipped, non-nursing home shelters (i.e., churches). Concerns about infection control, resident safety and dignity were reoccurring themes for both sheltering and evacuating facilities. These findings are put into the context of 2004 regulations and compared with current support systems in place.

74. Silver Hair on the Silver Screen: Depiction of aging and older adults in American motion pictures, 2000-2007

Keith Dooley, PhD & Jillian Terhune, Murray State University

As both art form and entertainment, motion pictures simultaneously reflect and influence the values of a specific culture. For example, one may examine the themes and images portrayed in movies in order to discover dominant beliefs and attitudes toward older adults and the aging process more generally. This study examines how the most popular mainstream American motion

pictures released since 2000 represent aging and older adults. Rather than limiting our analyses to movies that focus specifically on aging-related topics, we chose to examine a wide range of genres and titles; principal selection criteria was highest annual viewership. Undergraduate research assistants reviewed 80 films and responded to a standardized questionnaire containing open- and closed-ended questions; qualitative and quantitative analyses were conducted to examine demographic and biopsychosocial characteristics of older characters, aging-related themes, common aging stereotypes, and interpersonal relationships between aging and younger characters. Results demonstrate modest representation of older adults in current motion pictures of all genres, wide variability in the portrayal of older characters, and several common positive and negative aging stereotypes present.

75. Self-Rated Mental Health as a Screening Test for Mental Disorders among Older Americans: Do racial/ethnic disparities exist?

Giyeon Kim, PhD, Yuri Jang, PhD, & David A. Chiriboga, PhD, University of South Florida

The purpose of this study was to determine the association between self-rated mental health (SRMH) and clinical diagnoses of mental disorders in racially/ethnically diverse adults in the United States. We conducted cross-sectional analyses of nationally representative data drawn from the Collaborative Psychiatric Epidemiology Surveys (CPES). We found that self-rated mental health was not identical to clinical diagnoses of mental disorders. Apparent racial/ethnic differences existed in the association between SRMH and mental disorders: older Whites were most likely to be screened while older Asians were least likely to be screened for both mood and anxiety disorders. The findings provide useful information on developing race/ethnicity-specific strategies to screen mental disorders in diverse elderly populations. Future studies are needed to investigate possible reasons that influence responses to self-rated mental health across diverse populations.

76. Nursing Home Structural and Process Characteristics Related to Residents' Advance Directives

Jessica Krok, MA, University of South Florida

The ability for residents in nursing homes (NHs) to make decisions about their end of life care is crucial to the quality of care they receive. This study examined NH structural and process characteristics hypothesized to influence the percentage of residents with advance directives. This study was part of an ongoing annual survey conducted by the Florida Health Care Association of Directors of Nursing, RNs, or LPNs from Florida nursing homes (N=272) using 2002 data. Three separate multinomial logistic regression analyses examined the outcomes of NH percentages of residents with living wills, health care surrogates, and do not resuscitate orders. Significant predictors included clergy and medical director presence in advance care planning and difficulty in applying advance directives because of uncertainty of life expectancy, cognitive impairment, and dying wishes not matching advance directives. These findings are the first step in addressing potential difficulties that may exist in the completion of advance directives for cognitively impaired NH residents. The findings also highlight the important roles that medical directors and clergy may play in increasing the percentages of ADs in NHs. Continuing discussions and communication as to what the resident’s wishes are for treatment at the end of life is essential.

77. Life Satisfaction among Chinese Rural Elders with Migrated Children

Baozhen "Maggie" Luo, PhD (c), Western Kentucky University & Georgia State University

The present study examined life satisfaction among 1006 rural elders with children migrated to urban areas. The sample was randomly recruited from three large laborer-exporting provinces in China: Henan, Hebei, and Anhui. Partial generalized ordered logit regression was performed, using received financial support from migrated children, self-rated financial adequacy, emotional closeness with migrated children, and levels of community support as independent

variables. Results from the model demonstrated that financial adequacy and community support were significant predictors of rural elders' life satisfaction. These findings suggest the crucial roles that social, economic, and community environment played in shaping Chinese rural elders' lives. Previous studies have predominantly focused on the relationship between the migrated children and elders, in particular, how much money the elders received from their children. This study made a special contribution in recognizing the importance of the social contexts and community where the rural elders were located. These areas deserve more attention from scholars and policy makers.

78. Do Ageist Attitudes Impact Attitudes Towards Cosmetic Surgery?

Elizabeth Tait, MHS, University of North Carolina at Charlotte

Older adults with positive perceptions of aging live an average of 7.5 years longer than those with negative images of growing older. The primary purpose in this paper is to explore possible relationships between ageism and cosmetic surgery. The Fraboni Scale of Ageism (FAS) is used to do factor analysis on two dimensions of ageism, and then examined for associations between the dimensions of ageism and attitudes toward cosmetic surgery. The Fraboni Scale of Ageism (FAS) is used due to its ability to measure the multidimensional aspects of ageism. Participants were recruited via a convenience / snowball survey design using an online survey hosting company. Respondents were recruited by an email sent to an initial convenience sample of over 300 potential responders. The specific attitudinal aspects (factors) measured by this scale are antagonism, discrimination and avoidance. The survey contains a total of 28 questions, three of which address demographics, six address the FAS factor of antagonism, six address the FAS factor of discrimination, and the balance of the questions are to establish awareness of, interest in, and desire for cosmetic surgery procedures.

79. Do Relationships Matter? Experiences Of Nursing Homes and Local Emergency Management During the 2004-2005 Hurricane Seasons

Kali Thomas, MA, Kathryn Hyer, PhD, MPP, & Lisa Brown, PhD, University of South Florida

Since the 2004 and 2005 Hurricane seasons, many have examined nursing home (NH) emergency preparedness. Government reports, proceedings from hurricane summits, and published papers raised concerns about the lack of collaboration among NHs and local emergency management (EM) during all phases of a disaster. Using two data sources, we evaluated the impact of eight Florida hurricanes on NHs' ability to care for residents. We also conducted a NH administrator survey that characterized the NH's relationship with the local EM office prior to and during the 2004 hurricanes, as well as their desire to improve the relationship post-hurricane. Results indicate that NHs suffered significantly from the effects of the hurricanes in which over 5,500 residents were evacuated from 67 Florida NHs. Over 80% indicated that following the hurricanes, they would like to strengthen their relationship with their county emergency management office. The results of this study demonstrate that the effects of hurricanes on facility operations are significant and key gaps exist in local, state, and federal coordination that have important implications on NH disaster preparedness.

80. Gerontologist in Private Practice: Lessons learned, imminent opportunities

Jan Vinita White, PhD, Whitedeer Gerontology Consulting, Huntsville, AL

When she told a geriatric physician of her intent to pursue a doctoral degree in gerontology, he asked, "Will you please work in the community and not academia?" That suggestion six years ago was the inspiration for opening a private practice in North Alabama. Using a practice model and the scientific method of problem solving, services include driving assessments, retirement and relocation counseling, memory and depression screening, caregiver and concerned family member counseling, and distance telephonic family

meetings. Because both the Greatest Generation and the Baby Boomers must manage their aging concerns but are unaware of how gerontologists can help them, White has been a television guest for six years, presenting aging topics weekly to over 250k households in the Tennessee Valley. Upon achieving the goals of her five-year plan, White asked a leading aging authority for career advice. Without hesitation, he said, "Educate the medical community." With that mandate, White added speaking and corporate training to her range of services. She conducts educational seminars to medical professionals and is an approved provider of continuing education classes for nurses. White's practice serves as a model for gerontology practitioners, providing lessons-learned and the pros and cons of private gerontological practice.

81. Homestead Tax Exemption as a Factor to Attract Older Adults to Florida

Seokwon Yoon, MSW & Gil Choi, PhD, University of South Carolina

High property tax can become a factor to lose older adults' homeownership and to increase their economic burden. Many states have created various property tax relief programs for older tax payers. Particularly, the State of Florida has led to provide generous benefits to older homeowners than younger homeowners. The present study examines three alternatives (e.g., flat dollar and percentage exemption), which have been suggested by local governments of Florida, to this program for senior citizens. The consequences of the alternatives were analyzed by cost-benefit analysis, spillover/externalities, and political feasibility to know the residential stability and the living cost in Florida compared to other origin states (e.g., Michigan, New York, Virginia, Massachusetts, New Jersey). The results show that older adults who live in Florida are more benefited with tax cuts and residential stability than those who live in other origin states. After looking at the various measures of such effectiveness, the present analyses suggest double the exemption from $25,000 to $50,000. This alternative will provide broader tax relief to senior citizens with the decrease of economic burden. The success of this alternative will lead the quality of life for senior citizens with reduced cost of living and financial security.

82. Songs from Our Souls: Resiliency stories from African-American choir members

Dana Burr Bradley, PhD, Western Kentucky University

While the importance of spirituality for an aging population is well recognized, most public discourse has focused on the interaction between spirituality and health. Expression of faith through musical forms such as gospel singing or choir participation has been documented as a means to express individual religious convictions, sustain fellowship, and pursue collective community growth. The perceptions of personal resiliency of African-American women retirees are examined in this poster. This study used semi-structured and open-ended interviews, N = 50, with older African-American women randomly selected from a southeast regional training program. Analysis highlights the varied importance that individual and group participation in faith sponsored musical forms plays in shaping these women's conceptualization of their resiliency after retirement.

83. Stress or Calm?: The experience of Florida assisted living facilities during the 2004 hurricane season

Janelle Christensen, MA, Kali Thomas, MA, Kathryn Hyer, MPP, PhD, Lisa M. Brown, PhD, University of South Florida, & LuMarie Polivka-West, MSP., Florida Health Care Association

In contrast to nursing homes, little is known about the types of plans and provisions that assisted living facilities (ALFs) have in place to ensure the safety of their residents during disasters. In part, this is due to the fact that there are relatively few state or federal regulations governing ALF disaster preparedness or response. After four hurricanes struck Florida in quick succession during the summer of 2004, representatives from long-term care facilities were invited to attend a regional disaster planning meeting. To better understand the experiences and concerns of ALFs, a survey consisting of 47 structured and 2 open-

ended questions, was administered to 170 administrators and staff. Information was obtained about the evacuation process and issues pertaining to sheltering, such as the impact of interrupted services during the storms (e.g., electricity, telephone, water). A majority (142, 84%) indicated that they were directly impacted by at least one of the storms. Respondents at both evacuating and sheltering facilities reported concerns about putting their residents and staff in jeopardy. Successful evacuations were attributed to proper preparation and adequate assistance from outside agencies. The most significant causes of stress reported were related to inadequate preparation, staff training and availability of supplies.

84. Caregiver Attachment and Resentment: The mediating role of social support

Juliette Christie, MA & Gail M. Williamson, PhD, University of Georgia

Caregiver (CG) resentment has been implicated in poor quality of care. As such, identifying antecedents of CG resentment will assist in the promotion of improved mental and physical health outcomes for both CGs and care recipients. Past research suggests caregivers (CGs) with insecure attachment models experience more negative affect. It is likely that insecure CGs experience more negative outcomes, such as resentment, in part because of perceptual biases inherent in their internal working models. In particular, insecure attachment fosters negative or inconsistent beliefs about the self and world. Accordingly, insecurely attached individuals perceive less available support, manifesting in defensive coping strategies. Regression analyses on cross-sectional data (N = 424) taken from a larger study supported by the National Institute on Aging (R01 AG15321) examined the mediating role of social support in the relation between CG attachment and CG resentment. Results suggest that CG perceptions of social support partially mediate the association between CG attachment and resentment. In other words, insecurely attached CGs resent caregiving in part because they perceive little available social support. Implications for promoting informal caregiving health outcomes are discussed.

85. Religious Attendance Reduces Cognitive Decline among Older Women with High Levels of Depressive Symptoms

Elizabeth Corsentino, BA & Nicole Collins, BA, Florida State University

A growing body of evidence has found that regular attendance at religious functions is associated with slower rates of cognitive decline (CD). The present study examined the effects of gender and depressive symptoms on the relationship between religious attendance and CD. Data were drawn from Waves 1 and 2 of the Duke Established Populations for Epidemiologic Studies of the Elderly (EPESE), which were three years apart (N=2938). Religious attendance was related to less CD. In addition, there was a three-way interaction between religious attendance, gender, and depressive symptoms in predicting CD. Among women with higher levels of depressive symptoms, those who less frequently attended religious services experienced a faster rate of CD than those who more frequently attended religious services. The interaction between attendance and depressive symptoms in men did not reach significance. Religious attendance may offer mental stimulation that helps to maintain cognitive functioning in later life. It may also have the greatest effect on the cognitive functioning of older depressed women. When appropriate, clinicians may consider asking clients about their religious involvement when inquiring about their clients' levels of engagement in social activities.

86. Testing the Use-It-Or-Lose-It Hypothesis of Cognitive Aging

Kelly Giles, & Kristi S. Multhaup, PhD, Davidson College, Mark E. Faust, PhD, University of North Carolina-Charlotte & Michelle S. Ong, MD, Lake Norman Regional Medical Center

The use-it-or-lose-it hypothesis suggests that staying mentally active can maintain one's cognitive abilities or mitigate age-related cognitive decline. Although previous researchers have found inconclusive

evidence to support the validity of the use-it-or-lose-it hypothesis (e.g., Salthouse, 2006), computer programs advertised to improve the cognitive functioning of older adults are becoming a trend in the marketplace. This study investigates how 8 to 10 weeks of training with the InSight computer program (Posit Science, 2008) can influence the cognitive abilities of older adults (ages 60+ yrs). Participants were divided into an experimental group and a waitlist control group. At baseline, the researcher administered neuropsychological testing to both groups. The testing battery included 12 dependent measures with tests of visual functioning, auditory functioning, processing speed, and self-reported memory complaints. The experimental group then used the InSight program for 40 min/day, 4-5 times/week, for 8-10 weeks. Both groups then underwent post-intervention neuropsychological testing. The experimental group's scores from the pre- and post- tests are compared with those scores of the waitlist control group. The results will have both theoretical implications for the use-it-or-lose-it hypothesis and practical implications for older adults considering the purchase of computer programs marketed to them.

87. Predicting Negative Attitudes Toward Mental Health Services in Hispanic Elders: The role of misconceptions and stigma

Yuri Jang, PhD, David A. Chiriboga, PhD, Julio R. Hererra, MA, Dinorah Martinez-Tyson, PhD, & Larry Schonfeld, PhD, University of South Florida

Focusing on misconceptions and stigma related to depression, the present study explored predictors of the negative attitudes toward mental health services in a sample of 297 Hispanic elders living in public housing (Mage = 76.0, SD = 7.74). Attitudes toward mental health services (M = 21.4, SD = 5.29), assessed by the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF; Fischer & Farina, 1995), were found to be quite negative compared to those reported in other studies. The sample was also shown to be subject to misconceptions and stigma: more than half of the sample thought that depression is a normal part of aging (51%) and that antidepressant medicines are addictive (62.3%). In a hierarchical regression model, advanced age and beliefs that having depression would make family members disappointed and that counseling brings too many bad feelings such as anger and sadness predicted negative attitudes. Findings suggest misconceptions and stigma to be targeted to promote positive attitudes toward mental health services among Hispanic elders.

88. Predictors of Mental Health Service Use Among Latino and Asian Immigrant Older Adults: Mediating effect of self-rated mental health

Giyeon Kim, PhD, Yuri Jang, PhD, & David A. Chiriboga, PhD, University of South Florida

Given the increased needs for research on racial/ethnic disparities in mental health care, the present study examined factors affecting mental health service use among immigrant elders. Expanding upon Andersen's (1995) Behavioral Model of health care utilization, predisposing (age, gender, education, marital status), enabling (income, length of residency in the United States, English-speaking ability), and mental health need factors (mood disorders, anxiety disorders, self-rated mental health) were considered as potential predictors of mental health service use. Data were drawn from the National Latino and Asian American Study, which included a nationally representative sample of Latinos and Asians. Results from logistic regression analysis showed race/ethnicity-specific factors: Latino immigrant elders with younger age, female gender, any mood disorders, and poor self-rated mental health and Asian immigrant elders with any mood disorders and poor self-rated mental health were more likely to use mental health services. The mediating model of self-rated mental health was found only among Latino immigrant elders. Our results underscore the important role of self-rated mental health in understanding mental health service use among immigrant older adults. Findings from this study provide important information regarding how to develop community education and outreach programs for immigrant older populations.

89. Coping Strategy and Psychological Quality of Life among White and Korean American Elderly Females

HeeSoon Lee, PhD (c), University of South Carolina

In the aging society, the coping strategy and quality of life of elderly females is a concern to the profession of social work to help them age well. This pilot study examines the relationship between coping strategies and the quality of life among White and Korean American elderly females over age 65 residing in Columbia, SC. The study sample consisted of 35 White and 37 Korean American elderly females. A structured questionnaire regarding ways to deal with stress and subjective quality of life was conducted by employing face-to-face interviews. As measurement scales, the Brief Cope and the WHOQOL-BREF were used. The result indicated that White Americans are more likely to use emotional support coping, while Korean Americans are more likely to use avoidant coping strategies such as denial, behavioral disengagement, and self-blame. For correlation with quality of life, White Americans had significant positive relationship of using instrumental support (r= 0.32) and negative one of self-blame (r=-0.39) and Korean Americans had significant negative relationships of venting (r=-0.61) and self blame (r=-0.47). This study provides some insight into more adaptive coping strategies of ethnic elderly females to guide intervention programs.

90. Attainment and Retention of Knowledge about Elderly Depression and Suicide Held by Direct Care Staff at Long-Term Care Facilities

John LoCurto, MA (c) & Ed Rosenberg, PhD, Appalachian State University

Depression afflicts up to 5 million elders. Successfully treating elderly depression is of great importance: elderly depression is considered under-diagnosed, suicide is linked to depression, and the elderly have the highest suicide rate of any age group. The Baby Boomers, more numerous and more amenable than prior generations to both traditional and alternative treatments, should boost the need and demand for elderly depression treatment. In this study, long term care staff's knowledge of elderly depression "its prevalence, symptoms, and treatment" were measured before, immediately after, and 4-6 weeks after an elderly depression training session. The relationship of gender, years of relevant work experience, certification level, and education to pre-test, post-test, and follow-up knowledge levels are reported, as are the short- and longer-range effects of the training. In general, formal education and level of certification are more important than years of relevant experience in both learning and retention. The implications for staff hiring and development are noted.

91. Functional and Emotional Impacts of Orofacial Pain among Adults with Diabetes

Bridgett Rahim-Williams, MA, MPH, PhD, University of Florida

This study tested the hypothesis that persons with diabetes will experience greater functional and emotional impact of toothache and painful oral sores than persons experiencing orofacial pain without diabetes. Using random-digit dialing, 10,341 persons were screened for orofacial pain in the past 6 months. This cross-sectional study reports on 1,761 individuals reporting toothache pain and 876 reporting painful oral sores. Structured telephone interview assessed diabetes history, orofacial pain, oral health care behaviors, and emotional and functional impacts of orofacial pain. The 6-month point prevalence for toothache pain was 16.8%, 9.0% for painful oral sores, and 9.6% for type-2 diabetes. Individuals with comorbid orofacial pain and diabetes differed significantly on many of the pain characteristics and health behaviors compared to non-diabetic sufferers of orofacial pain. Diabetics were more likely than non-diabetics to have pain every day, suffer negative emotions associated with pain, and experience disruption of daily activities. Although diabetes is well known to be associated with neuropathic pain, these results indicate that the experience of nociceptive pain is exacerbated by diabetes. Significant differences in emotional and functional status associated with toothache pain were found for age, gender, and race/ethnicity among participants with diabetes.



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