Applied Gerontology as Community Engagement



31st Annual Meeting
Southern Gerontological Society

Wednesday - Saturday, April 7-10, 2010

The Jefferson Hotel
101 West Franklin Street
Richmond, VA 23220
www.jeffersonhotel.com

SPONSORS

Jim and Pat Mitchell
Sage Publications
VCU Department of Gerontology
Virginia Center on Aging

EXHIBITORS

Centra Health
Designs Just Beyond, LLC
Gerontological Society of America
National Committee to Preserve Social Security & Medicare
North Carolina State University
Sage Publications
Sheltering Arms Rehabilitation Centers
UNC Charlotte Gerontology Program
UNC Greensboro Gerontology Program
UNC Wilmington
VCU Department of Gerontology
Virginia Association of Area Agencies on Aging
Virginia Center on Aging
Virginia Guardianship Association/Virginia Elder Rights Coalition

ADVERTISERS

Alcohol and Aging Awareness Group
Beard Center on Aging at Lynchburg College
Law Office of Brenda L. Barnes
Sage Publications
Senior Connections
Southern Gerontological Society
Spring Arbor of Salisbury
University of Arkansas
UNC Charlotte Gerontology Program
UNC Greensboro Gerontology Program
UNC Institute on Aging
VCU Department of Gerontology
West Central Florida Area Agency on Aging

Contents

THE CITY OF RICHMOND 2

Welcome.....3

SGS leadership.....4

Special events.....7

Tracks & Formats.....8

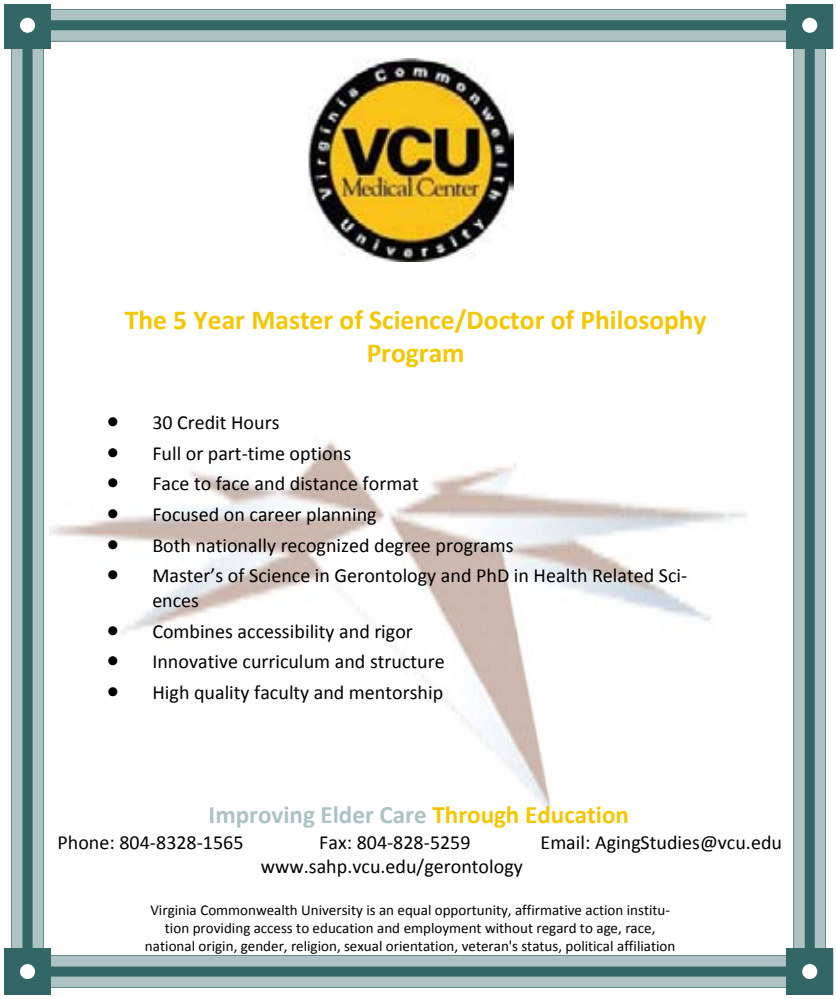
Schedule at a glance.....10

Full schedule,,,,,,,,,,,,,,.....12

Program abstracts.....29

Index of presenters.....75

2011 SGS Call for presentations.....back cover



Richmond

Virginia's capital, founded in 1607, is situated at the falls of the James River. This seat of colonial and Civil War history blends five centuries of history, heritage, and progress, emerging as one of the South's most beautiful and vibrant cities. Today, the Richmond Region's unofficial motto is "Easy to love." You'll see why. Here are just ten sites you might wish to experience:

Church Hill: The original Richmond, antebellum homes, and St. John's Church, site of Patrick Henry's "Give me liberty or give me death!" speech in March of 1775.

Monument Avenue: A broad boulevard hand paved almost a century ago, lined with magnificent Victorian houses and home to grand statues, and considered "one of America's most beautiful Avenues." Among the statues are Confederate Generals Stuart, Lee, and Jackson, and, the newest, Mr. Arthur Ashe.

Capitol Square: Designed by Thomas Jefferson in 1785, the first building in America constructed on the order of a classical temple. The Virginia General Assembly, the oldest continuous representative assembly in the United States, meets here. Houdon's famous statue of George Washington awaits visitors in the Rotunda.

Edgar Allan Poe Museum: A stone house built in 1737, the oldest building still standing within the original boundaries of Richmond. It houses Poe's artifacts.

Richmond Civil War Visitor Center at Tredegar Iron Works: The leading cannon maker for the South during the Civil War. It serves as the main visitor center for the Richmond National Battlefield Park.

Virginia Museum of Fine Arts: Contains the largest public collection of Faberge Easter eggs outside the former Soviet Union, plus collections of African, Chinese, Egyptian, European, Indian, and Japanese art, as well as art nouveau and art deco.

White House & Museum of the Confederacy: The former executive mansion of President Jefferson Davis during the Civil War, and the largest collection of Confederate artifacts in America.

The Jefferson Hotel: An Italianate wonder, the darling of 1895 and today. This Mobil Five-Star and AAA Five-Diamond gem is itself worthy of a tour, from its marbled lobby and statuary, to its elegant staircase reminiscent of "Gone with the Wind."

Carytown: Blocks and blocks of funky to elegant shops, restaurants, and boutiques stretching along Cary Street. This eclectic mix can be a shopper's nirvana on a spring day.

Shockoe Slip: Old tobacco warehouses converted to restaurants and boutiques shouldering a ballast stone roadway, Cary Street downtown between 12th and 14th. Clubs and nightlife have sprung up just down the street in Shockoe Bottom.

Welcome



Thanks to your abstract submission(s), encouraging others, and hard local arrangements and program development work, we gather for a few days in this beautiful setting. Take time to enjoy the hotel, attend colleagues' presentations, renew friendships and form new ones.

I recall an evening session of an undergraduate sociology senior seminar the fall of 1973. The topic was "Applied Sociology as Social Science." Consensus was that credible social science is grounded in the principle of objectivity. Objectivity requires that the investigator maintains distance from the social phenomenon under investigation. The following year marked my first graduate seminar on aging including discussion of successful aging, age-linked inequality, and informal and formal care. This challenged my thinking about scientific objectivity and the ethics of non-intervention. Regardless of attention directed toward *successful aging* and *life satisfaction*, I was plagued by the ethical dilemma of non-intervention in the face of glaring age-linked inequality and the notion that social science research is grounded firmly in diversity.

I arrived at East Carolina University in 1980, armed with a gerontological social psychological quantitative research kit. The University sits in Eastern North Carolina; a region punctuated by row-crop agricultural tradition, third-world poverty, proportionally large concentrations of African Americans, and a growing population of amenity-seeking Outer Banks retired migrants. Young Hispanics were only beginning to appear in the agricultural labor force. For a social scientist, the region is a natural research laboratory.

I was one of a few doing research on racial inequality in health care access among rural community-dwelling older adults. Limited interest in community-based research with local populations of older people among proximate colleagues required that I collaborate with folks in other departments. At the same time, a close friend and Area Agency on Aging Director took me under her wing and introduced me to a regional and state network of aging services providers. Like the adage, "aging is what happens when you're not paying attention," I had somehow become an applied gerontologist.

Ernest Boyer's late 1990's article on the Scholarship of Engagement and the 2008 Carnegie Foundation for the Advancement of Teaching Community Engagement Classification of an inaugural 120 institutions (including my own), brings us to the conference theme. Let's talk for a few days about aspects of *Applied Gerontology as Community engagement.*

Jim Mitchell, SGS President

2009-2010 SGS Leadership

PRESIDENT
Jim Mitchell, Ph.D.
East Carolina University

PRESIDENT-ELECT
Janice I. Wassell, Ph.D.
UNC Greensboro

SECRETARY
Christine J. Jensen, Ph.D.
Community & Health Svcs. Research

TREASURER
Dana Bradley, Ph.D.
University of Kentucky

PAST PRESIDENT
Ed Rosenberg, Ph.D.
Appalachian State University

DIRECTORS
Luci Bearon, Ph.D.
NC State University

Malcolm Cutchin, Ph.D.
UNC Chapel Hill

Pat Freeman
The Legacy Link, Inc.

Dianne M. O'Donnell
Attorney

JoAnn O'Quinn, Ph.D.
University of Mississippi

E. Douglas Beach, Ph.D.
Secretary, Dept. of Elder Affairs

Connie Coogle, Ph.D.
VCU-Virginia Center on Aging

Maria Greene
State of Georgia Div. of Aging Svcs.

Maureen Kelly
West Central FL AAA

Bill Massey
Peninsula Agency on Aging, Inc.

SENIOR REPRESENTATIVE
Wiley Mangum, Ph.D.
University of South Florida (Emeritus)

STUDENT REPRESENTATIVES
Louise Murray – UNC Charlotte
Amanda May – UNC Greensboro

COMMITTEE CHAIRS
Awards
James Peacock, Ph.D.

Budget & Finance
Dana Bradley, Ph.D.

By-Laws
Ed Rosenberg, Ph.D.

Council of Presidents and Future Directions
Graham Rowles, Ph.D.

Development
Brandi McCullough

Executive
Jim Mitchell, Ph.D

Local Arrangements
Ed Ansello, Ph.D.

Membership
Dianne M. O'Donnell

Nominating
Ed Rosenberg, Ph.D.

Program
Co-Chairs: Dena Shenk, Ph.D., Cynthia Riffe Hancock, Ph.D., & Louise Murray, MA

Denise Bordeman, MA
Karel Joyce D Kalaw, MA
Jeanette Leardi
Julie McLaughlin, Ph.D
Jyoti K. Nunna
Shannon Zurell

Publications
Victor Marshall, Ph.D.

EDITOR, JOURNAL OF APPLIED GERONTOLOGY
Malcolm Cutchin, Ph.D.

EDITORS, SOUTHERN GERONTOLOGIST
James Cotter, Ph.D.
Jo Ann O'Quin, Ph.D.

SITE SELECTION
Ed Ansello, Ph.D.

WEB-SITE
Danielle Borasky
UNC Institute on Aging

ADMINISTRATOR
Lora Gage

SGS PAST PRESIDENTS

Dr. Barbara Payne	1979 - 1981	Dr. Edward F. Ansello	1994 - 1995
Dr. Lorin Baumhover	1981 - 1982	Dr. Kenneth Cook	1995 - 1996
Dr. Glenn Hughes	1982 - 1983	Mr. William S. Massey	1996 - 1997
Dr. Nancy Lohmann	1983 - 1984	Dr. B. Jan McCulloch	1997 - 1998
Dr. Erdman Palmore	1984 - 1985	Ms. Laura Feldman	1998 - 1999
Dr. Bradley Courtenay	1985 - 1986	Dr. Charles F. Longino, Jr.	1999 – 2000
Dr. John Lovitt	1986 - 1987	Dr. Richard Tucker	2000 – 2002
Ms. Kay Hind	1987 - 1988	Ms. Sue Maxwell	2002 – 2003
Dr. David Blackwell	1988 - 1989	Dr. Leonard Poon	2003 – 2004
Ms. Shirley Totty	1989 - 1990	Douglas E. Beach	2004 – 2005
Dr. Larry Mullins	1990 - 1991	Dr. Graham Rowles	2005 – 2006
Ms. Carolyn H. Graves	1991 - 1992	Dr. Connie Coogle	2006 – 2007
Dr. Joan B. Wood	1992 - 1993	Dr. Frank Whittington	2007 – 2008
Dr. Patricia K. Suggs	1993 - 1994	Dr. Ed Rosenberg	2008 – 2009

Fit In 10

Exercise DVD for Adults & Senior Adults

Get your exercise in one of two ways: all at once....

OR 10-minute chunks throughout the day

Research studies have long recommended 20 to 60 minutes of physical activity most days of the week. However, new studies are showing that exercising in several different episodes of at least 10 minutes is just as effective as continuous exercise.

only $10

The research-based Fit In 10 video can be done for 40 minutes or you can pick and choose the segments to create your own exercise experience.

Order your copy today!

United States Department of Agriculture, University of Arkansas, and County Governments Cooperating. The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.

ORDER FORM: Publication – DVD FCS10

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Number of DVD's _____ x $10 = $_____

shipping and handling ($1 per DVD) = $_____

TOTAL price = $_____

☐ Check/MO (payable to Cooperative Extension Service) enclosed

To order, return completed order form with check or money order to:

Cooperative Extension Service
Attn: Family and Consumer Sciences
P.O. Box 391, Little Rock, AR 72203

To pay with credit card, order online at division.uaex.edu/publications

UofA UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE

Thank you

The Program co-chairs would like to thank the following individuals for their hard work in helping to develop this year's SGS Program: Denise Bordeman, Karel Joyce D. Kalaw, Jeanette Leardi, Julie McLaughlin, Jyoti K. Nunna, and especially Shannon Zurell for her many hours of organizing and typing. Thanks to all of you for the excellent submissions that enabled us to build this rich and varied program. It has been a pleasure working with Jim Mitchell and Ed Ansello and, of course, the ever-dedicated, Lora Gage.

Enjoy Richmond!

Dena Shenk, PhD

Cynthia Riffe Hancock, PhD

Louise Murray, MA

SGS 2010 Program Co-Chairs



UNC CHARLOTTE
The University of North Carolina Charlotte
Gerontology Program

Consider how the Gerontology Program at UNC Charlotte can help you

Prepare for your future

Visit our new upgraded website at:

gerontology.uncc.edu

WE OFFER AN:
Undergraduate Minor
Master's Degree
Graduate Certificate Program

FOR FURTHER INFORMATION CONTACT:
Dr. Dena Shenk, Director
704-687-4349 or 704-687-6205
dshenk@uncc.edu

SPECIAL EVENTS

Presidential Opening Symposium
Wednesday, April 7, 7:00pm - 8:00pm

President Jim Mitchell's Opening Session - Applied Research on Aging as Community Engagement: Timely... But a Twisty Path

AWARDS LUNCHEON
Thursday, APRIL 8, 12:15PM-1:45PM

Senior/Student networking reception
Thursday, APRIL 8, 5:15PM-6:45PM

SILENT AUCTION FINAL BIDDING
FRIDAY, APRIL 9, 3:30pm

FRIDAY NIGHT LITES (optional events)
Friday Evening, April 9, 7:00PM

Walking Distance: 8-10 blocks
Richmond CenterStage, Performing Arts Center:
Alvin Ailey American Dance Theatre (Carpenter Theatre) $38
Richmond Shakespeare: Elizabeth Rex (Gottwald Playhouse) $20-$30

Walking Distance: 10-11 blocks
The National of Virginia:
Rock , Reggae, Metal, Country, Blue Grass, and Indie music offered in a converted 1920s movie theatre. Tea Leaf Green (classic and contemporary rock) $15-$17.

Closing plenary Brunch
Saturday, APRIL 10, 10:00am-12:00pm

SGS, AGHE and SEAAAA Working Together
Panelists: Jim Mitchell, (SGS President); Graham Rowles (AGHE President); Tonya Cedars (SEAAAA Executive Board Member and President of NCAAAA)

Not to miss while you are here

Lewis Ginter Botanical Gardens
Just six miles from The Jefferson, Lewis Ginter Bontanical Gardens offers hundreds of acres of gardens, magnificent flowers, and a Japanese Tea house. The grounds, once owned by Patrick Henry, were home to the bicycle club of Major Lewis Ginter, who served in the Civil War. The Gardens are a tribute to all things beautiful. The Gardens are open 9:00 a.m.-5:00 p.m..

Conference Tracks

The 2010 meeting includes keynote speakers, symposia, paper and poster sessions, and workshops on a wide range of topics relating to applied gerontological work as community engagement. 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.

Applied Research Best practices

Whether describing an intervention and assessing its effectiveness, offering a sampling design appropriate for gathering primary data from older adults living in a rural area, crafting a data-gathering instrument, or describing a qualitative research project addressing an area of inquiry, the presentation of best practices is encouraged.

Program Models

Best practices featuring interventions designed to improve or sustain service to older adults as well as their formal and informal care providers.

Strategies for Program Assessment and Support

How can academics work with service provider partners at all levels to assess the effectiveness of programs and interventions, enhancing their continued existence.

Strategies to Promote and Reward the Scholarship of Engagement

At many colleges and universities, departments, schools, and academic divisions are developing strategies to define, assess, and reward scholarship including engagement with community partners. Applied gerontology often includes research and/or intervention with community partners and can add much to this discussion. We invite administrators, faculty members, and community partners to discuss programs featuring the scholarship of engagement for the benefit of others at a different place in these discussions.

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.

Session Formats

The 2010 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.



The UNC Institute on Aging is pleased to support SGS

The UNC Institute on Aging provides leadership to integrate education, research and service to help prepare North Carolina and the nation for the aging of the population.

Learn more about us on our website:
www.aging.unc.edu

UNC IOA Institute on Aging

SCHEDULE AT A GLANCE

WEDNESDAY, APRIL 7TH

Time	Session/Event	Room
11:00am – 7:00pm	Registration Open	*Palm Court*
11:00am – 6:00pm	Exhibit Booth Setup Silent Auction Intake	
3:30pm – 6:00pm	Opening SGS Board of Directors Meeting	*Flemish*
7:00pm – 8:00pm	President's Opening Session Applied Research on Aging as Community Engagement: Timely…but a Twisty Path	*Grand Ballroom*
8:00pm – 10:00pm	President's Opening Reception	*Rotunda*

THURSDAY, APRIL 8TH

Time	Session/Event	Room
8:00am – 5:00pm	Registration Open Exhibits Open	*Palm Court*
10:00am – 4:00pm	Silent Auction Open	*Mezzanine*
8:30am – 10:00am	Presidential Symposium I Concurrent Session I	*Commonwealth* *Various*
10:00am – 10:30am	Morning Break	*Mezzanine*
10:00am – 11:00am	Poster Session I	*Mezzanine*
10:30 am – 12:00pm	Presidential Symposium II Concurrent Session II	*Commonwealth* *Various*
12:15pm – 1:45pm	Awards Luncheon	*Grand Ballroom*
2:00pm – 3:30pm	Concurrent Session III	*Various*
3:30pm – 4:00pm	Afternoon Break	*Mezzanine*
4:00pm – 5:00pm	SGS Business Meeting	*Dominion*
5:15pm – 6:45pm	Senior / Student Networking Reception (Cash Bar)	*Flemish*
7:00pm	Dine-Arounds	

Friday, April 9th

Time	Session/Event	Room
8:00am – 5:00pm	Registration Open Exhibits Open	*Mezzanine*
10:00am – 5:00pm	Silent Auction Open	*Mezzanine*
8:30am – 10:00am	Concurrent Session IV	*Various*
10:00am – 10:30am	Morning Break	*Mezzanine*
10:00am – 11:00am	Poster Session II	*Mezzanine*
10:30 am – 12:00pm	Presidential Symposium III Concurrent Session V	*Commonwealth* *Various*
12:00pm – 1:30pm	Committee Meetings *Lunch on your own*	*Rotunda*
1:30pm – 3:00 pm	Presidential Symposium IV Concurrent Sessions VI	*Commonwealth* *Various*
3:00pm – 3:30pm	Afternoon Break	*Mezzanine*
3:00pm -- 3:30pm	Silent Auction FINAL BIDDING	*Mezzanine*
3:00pm -- 4:00pm	Poster Session III	*Mezzanine*
4:00pm – 5:30pm	Concurrent Session VII	*Various*
6:00pm	Exhibits close	*Mezzanine*
7:00pm	Friday Night Lites (Optional Events)	

Saturday, April 10th

Time	Session/Event	Room
8:00am – 10:00am	Registration Open	*Mezzanine*
8:30am – 10:00am	Presidential Symposium V Concurrent Session VIII	*Dominion* *Various*
10:00am – 12:00pm	Closing Plenary Brunch	*Grand Ballroom*
12:30pm – 2:00pm	SGS Board of Directors Meeting	*Flemish Room*

Full Schedule

Wednesday, April 7th

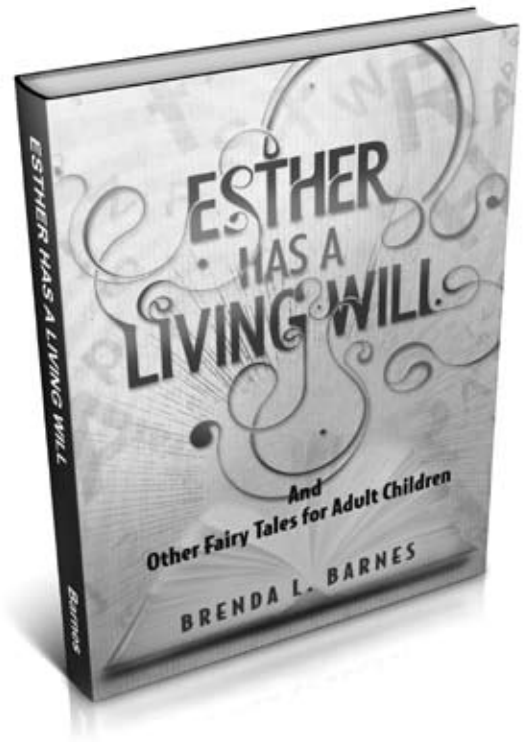
President's Opening Session
Wednesday, April 7th 7:00pm-8:00pm (Grand Ballroom)

JIM MITCHELL

APPLIED RESEARCH ON AGING AS COMMUNITY ENGAGEMENT: TIMELY… BUT A TWISTY PATH

President's Opening Reception
Wednesday, April 7th, 8:00pm-10:00pm (rotunda)

THE RESOURCE FOR YOUR CLIENTS' FAMILIES



THE ESSENTIAL HEALTH CARE GUIDE FOR ADULT CHILDREN OF AGING PARENTS

- Facilitates inter-generational health care planning
- Distills complex legal and medical information into a single, easy-to-read volume
- Familiarizes adult children with topics such as patient autonomy, advance directives, medical privacy, informed consent, capacity, guardianship, surrogate decision-making, palliative care, and end-of-life issues
- Presents case studies as fairy tales
- Includes glossary, worksheets, and sample forms
- Resource for conflict resolution, diversity accommodation, and limitations of adult children's authority
- Enables families to find information quickly

ISBN: 978-0-9826123-0-9

Brenda L. Barnes, Esq.
splash'em LLC
www.estherhasalivingwill.com

COMING SPRING 2010

THURSDAY, APRIL 8TH

CONCURRENT SESSION I
THURSDAY, APRIL 8TH 8:30AM-10:00AM

PRESIDENTIAL SYMPOSIUM I (COMMONWEALTH)

1. Gathering Data from Rural Older Adults: Multiple Methods that Work
Organizer: Jim Mitchell, PhD, East Carolina University
Discussant: Malcolm Cutchin, PhD, UNC Institute on Aging
Papers: (1a) Jim Mitchell, PhD, East Carolina University; (1b) Dena Shenk, PhD, University of North Carolina at Charlotte; (1c) Graham Rowles, PhD, University of Kentucky
Track: Applied Research Best Practices

WORKSHOP I (DOMINION)

2. GERONTOLOGIST, INC: A Brand Worthy of Remark
Helene Bumbalo, MS, HirePower Associates, Virginia Commonwealth University
Tracey Gendron, MSG, Virginia Commonwealth University
E.A. Welleford, MSG, PhD, Virginia Commonwealth University
Track: University – Community Partnerships

WORKSHOP II (COOLIDGE)

3. Person-Centered Care in Aging Services: What Is It & What Are Research Gaps
Karen Love, BS, Center for Excellence in Assisted Living and Sonya Barsness, MSG, Pathways to Care
Track: Applied Research Best Practices

WORKSHOP III (ROOSEVELT)

4a. Living in a Breadbox? Housing Alternatives for Mature Adults
Ruth Garrett, PhD, MPH, Vanderbilt, Meharry Medical Colleges, Nashville, TN
Track: University – Community Partnerships

4b. DATHA Coalition: Integrative Models for Sustainable Aging Practices
Claudia Winegarden, PhD, Georgia Tech and Jon Sanford, PhD, Georgia Tech
Track: University – Community Partnerships

PAPER SESSION I: PHYSICAL FUNCTIONALITY (EMPIRE)

5. Frailty: How to Diagnose / Treat / Prevent
Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama
Faye McHaney, DNP, University of Alabama – Birmingham

6. Does Age Significantly Contribute to a Fall History Prediction Model Based on Clinical Measures of Mobility and Balance in Older Adults?
Walter Palmer, MS, University of North Carolina at Chapel Hill

7. Assessing the Risk of IADL Tasks from the Perspective of Medically-at-risk Older Adults and their Caregivers
Anne Dickerson, PhD, OTR/L, FAOTA, East Carolina University
Jennifer Gaudy, East Carolina University

8. The Responsiveness and Validity of the Activities-specific Balance Confidence Scale and Tinetti's Performance Oriented Mobility Assessment in Older Adults
Kevin Chui, PhD, Sacred Heart University

Paper Session II: Attitudes and Stereotypes (Flemish)

9. **Marginalization and Elder Abuse**
   Linda Jasper, PhD, Indiana University Southeast
10. **The Fluidity of Generational Boundaries and its Impact on Generational Conflict in the Workplace**
    Amber Wells, B.A., University of North Carolina at Chapel Hill
11. **The Future of Positive Aging**
    Harry Moody, PhD, AARP, Washington, DC
12. **Death and Dying**
    Shanta Sharma, PhD, Henderson State University

Morning break
Thursday, April 8th 10:00am-10:30am
(Mezzanine)

Poster Session I (Mezzanine)
Thursday, April 8th 10:00am-11:00am

13. **Aging in Developing Countries: Health and Socioeconomic Determinants (Case Study – Nigeria)**
    Toyosi Adekeye, MD, University of North Carolina at Greensboro
14. **Enhancing the Care Provided to Older Adults with Dementia: Suggested Strategies and Best Practices**
    Brittany Bird, Barton College
    Anita Fenner, Barton College
    Simone Lassiter, Barton College
    Claire Severt, Barton College
15. **How Virginia Is Preparing to Ride the Age Wave**
    Thelma Bland-Watson, MS and PhD, Senior Connections, The Capital Area Agency on Aging, Richmond, VA
    John Martin, CEO, Southeastern Institute of Research and the Older Dominion Partnership
16. **The Use of Past and Current Photographs in Communication with Older Adults with Dementia**
    Denise Bordeman, MA, University of North Carolina at Charlotte
17. **Student Internships with Community Hospice**
    Jeff Brooks, PhD, Fayetteville State University
    Pam Collins, MA, Cumberland County Social Services, Fayetteville, NC
18. **Reducing Intimate Partner Violence Among Older Women: Response Readiness in a Rural Faith-Based Community**
    Nancy Brossoie, PhD, Virginia Tech
    Karen Roberto, PhD, Virginia Tech
19. **Accessing Programs Designed to Prevent Injuries in Later Life from an Athletic Training Perspective**
    Crystal Casto, Barton College
    Jennifer O'Donoghue, PhD, LAT, ATC, CSCS, Barton College
    J. Steven Fulks, PhD, Barton College
20. **Promoting Active Living - Engaging Ideas for the Design of Senior Living Settings from Interior Design Students**
    Meldrena Chapin, PhD, Savannah College of Art & Design

21. **The Ability of Age, Gender, and Anthropometric Measures to Predict Self-Selected and Fast Walking Speeds in Healthy Older Adults**
Kevin Chui, PhD, Sacred Heart University

22. **Design of a Community-based Fall Prevention Program for Meals-on-Wheels Clients**
Brooke Davis, MSN, ANP, J. Paul Sticht Center on Aging, Wake Forest University School of Medicine

23. **The Ethics in Achieving Sustainable Healthcare Design for Older Individuals**
Joan Dickinson, PhD, Radford University

24. **A Transportation Resource Guide: Description of Development and Process**
Lesley Evans, East Carolina University
Lindsie Webster, East Carolina University

25. **Gerontology and Pharmacy Collaboration: A Description of the Combined Degree Program at Virginia Commonwealth University**
Deanna Flora, BS, Virginia Commonwealth University
Patricia Slattum, PharmD, PhD, Virginia Commonwealth University
Tracey Gendron, MSG, Virginia Commonwealth University
E.A. Welleford, MSG, PhD, Virginia Commonwealth University

Concurrent Session II
Thursday, April 8th 10:30am-12:00pm

Presidential Symposium II (Commonwealth)

26. **NIA Program Emphases in Community-Based Research and Social Engagement**
John Haaga, National Institute on Aging (NIA)

Workshop IV (Dominion)

27. **JABA Improves its Senior Nutrition Program and the Local Economy by Using Local Food**
Judy Berger, BA, Jefferson Area Board of Aging (JABA), Charlottesville, VA
Track: Program Models

Workshop V (Roosevelt)

28. **Four Tools to Help Families make the Difficult Decisions for those without Capacity**
Viki Kind, MA, Owner of KindEthics.com – Bioethics consulting and education, Granada Hills, CA
Track: Program Models

Workshop VI (Coolidge)

29. **One Call Club for Seniors: A new approach to "Aging in Place"**
Kathy Sergeant, MSSW, Knoxville-Knox County Community Action Committee Office on Aging, Knoxville, TN
Track: Program Models

Paper Session III: Formal Care Providers (Flemish)

30. **Role Conflict and Coping Mechanisms of Front Line Health Care Workers Caring for Elderly Patients and Clients**
Peter Stein, PhD, UNC – Institute on Aging
Jennifer Morgan Craft, PhD, UNC – Institute on Aging
Brandy Farrar, MA, UNC – Institute on Aging
Kanrda Jason, MA, UNC – Institute on Aging

31. How Regional/Local Long-Term Care Ombudsmen Prepare for Disaster at the Grassroots
H. Wayne Nelson, PhD, Towson University
Daniel Agley, Ed.D., Towson University
F. Ellen Netting, PhD, Virginia Commonwealth University
Kevin Borders, PhD, Spalding University
Ruth Huber, PhD, University of Louisville

32. BSW House Calls Program: Partnership Development Between Practice Classes and a Community Clinic
Rosalie Otters, PhD, MSW, D.Min, University of Arkansas at Little Rock
Carolyn Turturro, PhD, University of Arkansas at Little Rock

33. Preventive Home Visits: Testing a Social Model of Care in the United States
Judie Svihula, Phd, Institute on Aging, University of North Carolina at Chapel Hill
Malcolm Cutchin, PhD, University of North Carolina at Chapel Hill
Susan Coppola, MS, OTR/L, FAOTA, University of North Carolina at Chapel Hill
Vibeke Talley, OTR/L, Orange County Department on Aging
Mary Palmer, PhD, University of North Carolina at Chapel Hill
Diane Catellier, DrPH, University of North Carolina at Chapel Hill

Paper Session IV: Holistic Approaches to Care (Empire)

34. Bimanual Coordination and Successful Aging: Results of a Model Music Program
Jennifer Bugos, PhD, East Carolina University

35. Found Meanings in a Dementia Art Program
Melannie Clapsadl, BA, MS, University of North Carolina at Wilmington, University of North Carolina at Charlotte
Candace Ashton, PhD, LRT/CTRS, University of North Carolina at Wilmington

36. Homoeopathy & Yoga for Healthy Ageing
Ravi Bomma, MSc, Kakatiya University
Bhaskar Bomma, MSc, Kakatiya University

Awards Luncheon
Thursday, April 8th 12:15pm-1:45pm
(Grand Ballroom)

Concurrent Session III
Thursday, April 8th 2:00pm-3:30pm

Symposium I (Coolidge)

37. Aging in China
Papers: (37a) Peng Du, Renmin University of China; (37b) Bei Wu, PhD, University of North Carolina at Greensboro
Track: Applied Research Best Practices

Symposium II (Flemish)

38. Virginia's Alcohol and Aging Awareness Group: A Collaborative Effort to Address Substance Abuse in an Aging Population
Constance Coogle, Virginia Center on Aging, Virginia Commonwealth University
Beverly Morgan, Virginia Department of Behavioral Health and Developmental Services
P.W. Slattum, Virginia Commonwealth University
S. Ankiel, Virginia Department of Medical Assistance Services
Track: Program Models

Workshop VII (Commonwealth)

39. Can We Talk? The Challenge of Open Communication in Education and Civic Engagement
Harry Moody, PhD, AARP, Washington, DC
Track: Applied Research Best Practices

Workshop VIII (Roosevelt)

40. The Engagement and Outreach Scholars Academy, A Method for Embedding the Scholarship of Engagement in a University Culture
Beth Velde, OTR/L, PhD, East Carolina University
Jim Mitchell, PhD, East Carolina University
Sharon Rogers, PhD, East Carolina University
Track: Strategies to Promote and Reward the Scholarship of Engagement

Paper Session V: Pedagogy (Dominion)

41. Utilizing Digital Photographs and Communication Techniques with Older Adults with Dementia.
Cynthia Hancock, PhD, University of North Carolina at Charlotte
Dena Shenk, PhD, University of North Carolina at Charlotte
Jeena George, MA, University of North Carolina at Charlotte

42. Community Engagement in an Online Undergraduate Gerontology Program
Katherine Humber, MA, University of Maryland University College

43. Effect of Service Learning and Grant Writing on Critical Thinking Among University Students
Shelley Brown, MA, Tennessee Technological University

44. A Comparison of Online and In-class Test Performance in Gerontology Courses
Sara Brallier, PhD, Coastal Carolina University
Linda Palm, PhD, Coastal Carolina University
William Hills, PhD, Coastal Carolina University

Paper Session VI: Caregiver Support (Empire)

45. Community Support for Caregivers: Courses for Families and Professionals Engaged in Elder Care
Christine Jensen, PhD, The Center for Excellence in Aging and Geriatric Health, Williamsburg, VA

46. Help for Family Caregivers in the Williamsburg Community: An Assessment of the Effectiveness of Training Programs for Support Group Facilitators
Huy Ho, The College of William & Mary and Christine Jensen, PhD, The Center for Excellence in Aging and Geriatric Health, Williamsburg, VA

47. Family Quality of Life in Dementia Care
Ishan Williams, PhD, University of Virginia
Karen Rose, PhD, RN, University of Virginia
Simona Parvulescu-Codrea, Graduate Student, University of Virginia

48. **Connections: Engagement in Life For Persons with Dementia - A Dementia Intervention Care Project**
Ellen Phillips, BS, CTRS, Alzheimer's Association, Central & Western VA Chapter
Barbara Braddock, PhD, University of Virginia

Afternoon break
Thursday, April 8th 3:30pm-4:00pm (Mezzanine)

SGS business meeting
Thursday, April 8th 4:00pm-5:00pm (Dominion)

Senior/student networking reception
Thursday, April 8th 5:15pm-6:45PM (Flemish)
(Cash Bar)

Dine arounds
Thursday, April 8th 7:00pm



FRIDAY, APRIL 9TH

CONCURRENT SESSION IV
FRIDAY, APRIL 9TH 8:30AM-10:00AM

SYMPOSIUM III (FLEMISH)

49. Overcoming Barriers to Care: Identifying and Meeting the Special Needs of Older Adults with Dementia and Substance Use Disorders
Christine Jensen, PhD, The Center for Excellence in Aging and Geriatric Health, Williamsburg, VA
Margaret Anne Lane, M.Ed., Dept of Behavioral Health & Developmental Services
Beverly Morgan, MSG, Dept of Behavioral Health & Developmental Services
Mike Verano, MFT, Sentara Senior Behavioral Health Services
Herman Lukow, MA, The College of William & Mary
Track: Program Models

SYMPOSIUM IV (COMMONWEALTH)

50. Hospital Mortality Rate Reporting: Methods and Implications for Geriatrics and Palliative Care
J. Brian Cassel, PhD, VCU Massey Cancer Center
R. Ackermann, Mercer University School of Medicine, Macon, GA
T. Smith, VCU Massey Cancer Center, Macon, GA
Track: Applied Research Best Practices

WORKSHOP IX (DOMINION)

51. College & Community Partnerships: Alliances for Success
Denise Scruggs, MS, MA, Beard Center on Aging at Lynchburg College
Charlotte Arbogast, Lynchburg College
Track: University – Community Partnerships

WORKSHOP X (EMPIRE)

52a. Retirement Benefits Outreach to a Unique Population: Public Employees
Jan Henning, MA, North Central Texas Area Agency on Aging
Track: Program Models

52b. Local and State Strategies: Creating Person-Centered, Community-wide systems for Benefits Outreach and Enrollment
Kristen Kiefer, M.P.P., National Council on Aging, Washington, DC
Track: Program Models

WORKSHOP XI (ROOSEVELT)

53. Teaching Gerontology through Interior Design
Meldrena Chapin, PhD, Savannah College of Art & Design
Track: Program Models

PAPER SESSION VII: ETHNIC & MINORITY AGING (COOLIDGE)

54. The Satisfaction of Korean American Grandparents as Caregivers to their Grandchildren
Youngkyeong Sohn, PhD, University of North Carolina at Pembroke

55. **Older Indian Immigrants in the United States: Examining Exchanges of Support between Generations**
Karuna Sharma, MA, Gerontology Institute, Georgia State University
Candace Kemp, PhD, Gerontology Institute, Georgia State University

56. **Growing Old in America: The Case of Middle-Age Filipino Immigrant Women**
Karel Joyce Kalaw, MA, University of North Carolina at Charlotte

57. **Cognitive Interviews in the Development of the Self-care Utility Geriatric African American Rating (SUGAAR)**
Gina McCaskill, MSW, MPA, University of Alabama
Kathleen Bolland, PhD, University of Alabama

Morning break
Friday, April 9th 10:00am-10:30am (Mezzanine)

Poster Session II (Mezzanine)
Friday, April 9th 10:00am-11:00am

58. **Warfarin Use in US Nursing Homes: Results from the 2004 National Nursing Home Survey**
Parinaz Ghaswalla, B.Pharm, Virginia Commonwealth University

59. **The Stigma Associated with "Caregiver:" Overcoming the Reluctance to Accept Help**
Kathy Greenwood, BS, Council on Aging of Johnston County
J. Steven Fulks, PhD, Barton College

61. **The Experience of Elders and Case Managers during the Medicaid Application Process**
Jamie Hershaw, The College of William & Mary

62. **Driving Cessation in Older Adults**
Lindsey James, BS, University of North Carolina at Wilmington
Candace Ashton-Shaeffer, PhD, LRT/CTRS, University of North Carolina at Wilmington

63. **Measurement of Adherence to Antihypertensive Medications in Older Adults Using Self-report method compared to Prescription Fill records**
Priyanka Kakad, PhD, Virginia Commonwealth University

64. **Coping Strategies as a Moderator between Optimism and Quality of Life Among White and Korean American Elderly Females**
HeeSoon Lee, PhD (c), University of South Carolina

65. **The Intention to Save for Retirement: A Look Over 20 Years**
Irene Leech, PhD, Virginia Tech
Chih-ling Liou, MA, Virginia Tech
Chung-wen Hsu, MA, Virginia Tech
Bryce Jorgensen, MS, Virginia Tech

66. **Bridging the Reality and Theory of Elder Care: One family's journey**
Blakely Lyles, Barton College
J. Steven Fulks, PhD, Barton College

67. **Internship Experiences: Pros, Cons, Outcomes, and Insurance**
Amanda May, BS, University of North Carolina at Greensboro
Brittany Singhas, BS, University of North Carolina at Greensboro

68. **Prevalence and Predictors of Inappropriate Prescribing among Elderly Inpatients in India**
Maitreyee Mohanty, PhD student, Virginia Commonwealth University

69. **Partnering in Long Term Care (LTC) : A Dedicated Learning Unit for the BSN Student**
Kereen Mullenbach, RN, PhD, Radford University

Virginia Burggraf, RN, DNS, FAAN, Radford University stin

70. **Ability to Achieve Recommended Physical Activity Guidelines Based on Objective and Subjective Measures is Dependent Upon Level of Physical Function**
Anne O'Brien, MS, University of Georgia

71. **Age Differences in the Influence of Positive and Negative Healthcare Messages**
Andrea Shamaskin, B.S., Virginia Commonwealth University

Concurrent Session V
Friday April 9th 10:30am-12:00pm

Presidential Symposium III (Commonwealth)

72. **The Role of Scholarship of Engagement in University Personal Decisions**
Discussant: Jim Mitchell, PhD, East Carolina University
Presenters: Laurie Kennedy-Malone, PhD, University of North Carolina at Greensboro,
Nancy Gutierrez, PhD, University of North Carolina at Charlotte,
Lorin Baumhover, PhD, Appalachian State University
Track: Strategies to Promote and Reward the Scholarship of Engagement

Workshop XII (Dominion)

73. **Through Humor and Insight, We Will Look at the Politics and Policies that Impact Older Americans**
Laura Feldman, BGS, The National Committee to Preserve Social Security and Medicare, Washington DC
Track: Program Models

Workshop XIII (Coolidge)

74. **Aging and Disability Resource Centers: Empowering People to Navigate Long-Term Health, Supports and Service Systems**
Barbara Ettner, PhD, The Lewin Group, Falls Church, VA
Katie Roeper, Assistant Commissioner, Virginia Department for the Aging
Track: Program Models

Workshop XIV (Empire)

75. **Housing First: Permanent Housing and Comprehensive Services for Elders Experiencing Homelessness**
M. Lori Thomas, PhD, MSW, MDiv, University of North Carolina at Charlotte
Katie VanArnam, LCSW, Virginia Supportive Housing
Track: Communities Responding to an Aging Society

Paper Session VIII: Gender and Sexuality (flemish)

76. **Online Dating in Middle and Later Life: Gendered Expectations and Experiences**
Summer McWilliams, Florida State University

77. **Aging at Arm's Length: A Qualitative Examination of Middle-Aged and Older Women's Distancing from Old Age**
Anne Barrett, PhD, Florida State University

78. **All Talk and No Action: The Disconnect Between Language and Practice of Sexual Freedom in Assisted Living Facilities**
Elisabeth Burgess, PhD, Georgia State University
Alexis Bender, MA, Georgia State University
Christina Barmon, MPH, Georgia State University
J. Lloyd Allen, MSW, Georgia State University

79. The Impact of Staff Training in a Nursing Home Setting on Knowledge of and Attitudes Toward Sexuality in the Elderly
Jennifer Lumpkin, PsyD., Hunter Holmes McGuire VA Medical Center, Richmond, VA

Paper Session IX: Rural Aging (Roosevelt)

80. Quality of Life Impacts of Adopting Precision Agriculture Technology on Older Farm Equipment Operators
LaVona Traywick, PhD, MA, University of Arkansas
Terry Griffin, PhD, University of Arkansas

81. Living Memories of Oppression: A Continuing Student Project
David Dran, PhD, University of North Carolina at Pembroke

82. Elderly Care Provision by Rural NGOs in Lithuania: From Voluntary Groups into Self-Financing Social Services Organizations?
Gabriele Ciciurkaite, East Carolina University

83. Abuse and Neglect of Older Adults: A Critical Analysis of Factors Affecting Perceptions of Professional Preparedness in Rural Communities
Victoria Curtis, PhD, Radford University

Committee meetings

Friday, April 9th 12:00pm-1:30pm

Lunch on your own (Rotunda)

Have lunch with the committee of your choice and find out how you can become more involved with the organization. Deli Buffet $15 per person.
Awards Committee, James Peacock
Budget & Finance Committee, Dana Bradley
By-Laws Committee, Ed Rosenberg
Council of Presidents/Future Directions, Graham Rowles
Development Committee, Brandi McCullough
Executive Committee & Nominating Committee, Jim Mitchell
Membership Committee, Lora Gage
Program Committee & Local Arrangements Committee, Jan Wassel
Publications Committee, Victor Marshall
Site Selection Committee, Ed Ansello

Other Meetings
AGHE K-12 Task Force, Kellie Niles-Yokum

Concurrent Session VI

Friday, April 9th 1:30pm-3:00pm

Presidential Symposium IV (Commonwealth)

84. Methodological and Theoretical Issues in Applied Research on Aging
Organizer: Jim Mitchell, PhD, East Carolina University
(84a) Victor Marshall, PhD, University of North Carolina at Chapel Hill
(84b) Don Bradley, PhD, East Carolina University; (84c) Jim Mitchell, PhD, East Carolina University; ***Discussant:*** Bob Konrad, University of North Carolina at Chapel Hill
Track: Applied Research Best Practices

Symposium V (Flemish)

85. Art and Community Engagement
Dana Bradley, PhD, Western Kentucky University
Laura Stephenson, PhD, University of Kentucky
Katharine Daneski, PhD, Bronglais Hospital, Wales
Track: University – Community Partnerships

Workshop XV (Empire)

86. Driving Cessation for Persons with Dementia: Who Decides and How?
Jodi Teitelman, PhD, Virginia Commonwealth University
Al Copolillo, PhD, OTR/L, Virginia Commonwealth University
Track: Applied Research Best Practices

Paper Session X: Quality of Care and End of Life (Coolidge)

87. Impact of Hospice and Dementia Special Care Units on End-of-Life Care for Individuals with Dementia
Catherine McCarty, MA, University of South Florida
Debra Dobbs, PhD, University of South Florida
Victor Molinari, PhD, University of South Florida

88. Trends in Age, Sex and Race Differences in End-of-Live Care in Nursing Homes
Brandon Wallace, PhD, Middle Tennessee State University

89. A New Paradigm for Detecting Adverse Drug Reactions in Older Adults
Ronald Lucchino, PhD, Utica College

Paper Session XI: Exercise (Dominion)

90. Adaptive Physical Activity: A Community-based Model for Addressing the Exercise Needs of Older Adults with Chronic Illness
Sarah Chard, PhD, UMBC and US Department of Veterans Affairs, Baltimore, MD

91. Realistic Recreational Activities for Older Adults
Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama
Faye McHaney, DNP, University of Alabama – Birmingham

92. From Research Subjects to Community Partners: How Outreach Built Engagement with the Dementia Caregiving Community in Eastern North Carolina
Sharon Rogers, PhD, East Carolina University
John Rhodes, BS, East Carolina University

Afternoon break
Friday, April 9th 3:00pm-3:30pm

Silent auction final bidding
Friday, April 9th 3:00pm-3:30pm

Poster Session III (mezzanine)
Friday, April 9th 3:00pm-4:00pm

93. Impacts on Health Outcomes for Older Adults Living with Chronic ACS Disease
Shannon O'Connor, MA, University of Maryland at Baltimore
Vicki Lamb, PhD, North Carolina Central University
Robert Wortham, PhD, North Carolina Central University

Dana Greene, PhD, North Carolina Central University

94. Black Vision Impairment, Falls, and Black Vision Impairment, Falls, and Disability
Rosalie Otters, PhD, MSW, D.Min, University of Arkansas at Little Rock
James F. Hollander, J.D., M.S., Texas Instruments

95. Should Epilepsy Patients be Treated for Dementia?
Simona Parvulescu-Codrea, MSN-CNL (c)
Ishan Canty Williams, PhD, University of Virginia
Karen Rose, PhD, University of Virginia

96. Psychoneuroimmunology: A Framework to Understanding Fatigue and Frailty in Community Based Elder Research
Pamela Parsons, PhD, RN, GNP, Virginia Commonwealth University

97. Is Gerontology a Profession?: A Reexamination of the Evidence.
Saybah Reed, Barton College and Helen Urie, Barton College

98. Adapting to Aging in Place: An Assessment of Residential Living Facility Residents' Physical Activity Program Expectations
Maggie Roe, BS, Western Kentucky University
Dana Burr-Bradley, PhD, Western Kentucky University

99. Assessing Impact of Community-created Monogram Booklets for Spouses and Friends in Alzheimer's Units
Mary Ann Spake, RN, BSN , University of North Carolina at Charlotte
Boyd Davis, PhD, University of North Carolina at Charlotte

100. Suggested Policy Revisions for Long Term Care - from a Financial Planner's Aspect
Steven Studebaker, MBA, CPA, CFP, WealthCare, Naples, NC
Elizabeth Tait, PhD (c), University of North Carolina at Charlotte

101. Silver Linings in Natural Disasters: Changes in Older Adults' Perceptions
Marisa Sullivan, MA, Louisiana State University
Jennifer Silva Brown, PhD, Drury University
Jenny Denver, MA, Louisiana State University
Mark Erwin, BA, Louisiana State University
John Bruner, Louisiana State University
Katie Cherry, Louisiana State University

102. Ethnic, Gender, and Income Differences in Praying for Health among Older Women and Men: Results of a National Survey
Elizabeth Tait, MHS, University of North Carolina at Charlotte
Sarah Laditka, PhD, University of North Carolina at Charlotte

103. Community Action Through Conference Participation
Lindsie Webster, East Carolina University
Sharon Faircloth, East Carolina University

104. Improving Visual Comfort for Elderly Residents through Successful Daylight Integration in Senior Living
Lauren Hargrave, University of North Carolina at Charlotte

Concurrent Session VII
Friday, April 9th 4:00pm-5:30pm

Symposium VI (Commonwealth)

105. Publishing Applied Research in Gerontology Journals
Malcolm Cutchin, PhD, University of North Carolina at Chapel Hill
William McAuley, PhD, George Mason University
Track: Applied Research Best Practices

Symposium VII (Flemish)

106. A Unique University-Community Partnership: Four Interconnected Programs Fostering Well-Being and Independence While Providing Multidisciplinary Education and Research Opportunities
Kate Barrett, MSW, LCSW, Orange County Department of Aging
Racquel Daley Placide, MD, UNC Center for Aging and Health
Carol Giuliani, PT, PhD, University of North Carolina at Chapel Hill
Jan Gerard, MSW, LCSW, Orange County Department on Aging
Vibeke Talley, OTR/L, Orange County Department on Aging
Track: University – Community Partnerships

Symposium VIII (Empire)

107. Dementia or Depression? Assessment, Treatment, and Pharmacological Considerations in Older Adults
Suzzette Chopin, MS, MBA, Virginia Commonwealth University
Jenifer Menzel Lumpkin, PsyD, Virginia Commonwealth University
Deanna Flora, BS, Virginia Commonwealth University
Suzanne Padgett, BS, Virginia Commonwealth University
Patricia Slattum, Pharm.D., PhD, Virginia Commonwealth University
Cassandra Pasquariello, EdM, Virginia Commonwealth University
Andrea Shamaskin, BS, Virginia Commonwealth University
Bruce Rybarczyk, PhD, Virginia Commonwealth University
Track: Applied Research Best Practices

Workshop XVI (Dominion)

108. Promotion of Community Engagement through the Dissemination of Matter of Balance throughout North Carolina
Jane Painter, EdD, OTR/L, FAOTA, East Carolina University
Linda Miller, MA, Centralina Area Agency on Aging
Track: Program Models

Paper Session XII: Systems of Care (Roosevelt)

109. Senior Centers: Emerging Models
Manoj Pardasani, PhD, Fordham University
Peter Thompson, Executive Director, Senior Center, Inc., Charlottesville, VA

110. Promoting Frontline Worker Advancement: Systems change in Healthcare Organizations
Jennifer Morgan, PhD, University of North Carolina at Chapel Hill
Janette Dill, MA, UNC Institute on Aging

111. Exploring Culture Change in Pennsylvania: A Long Term Care Community Partnership
Mary Ligon, PhD, York College of Pennsylvania
Kelly Niles-Yokum, PhD, York College of Pennsylvania

112. Enhancing the Emergency Department Care of Older Adults: A Community Hospital-University Partnership
John Schumacher, PhD, University of Maryland

Paper Session XIII: Mental Health (Coolidge)

113. Caregiving Role as a Contributor to Depression: Middle-aged and Older Adults in Korean Disabled Families
Janice Wassel, PhD, University of North Carolina at Greensboro
Hey Jung Jun, PhD, Yonsei University, Korea

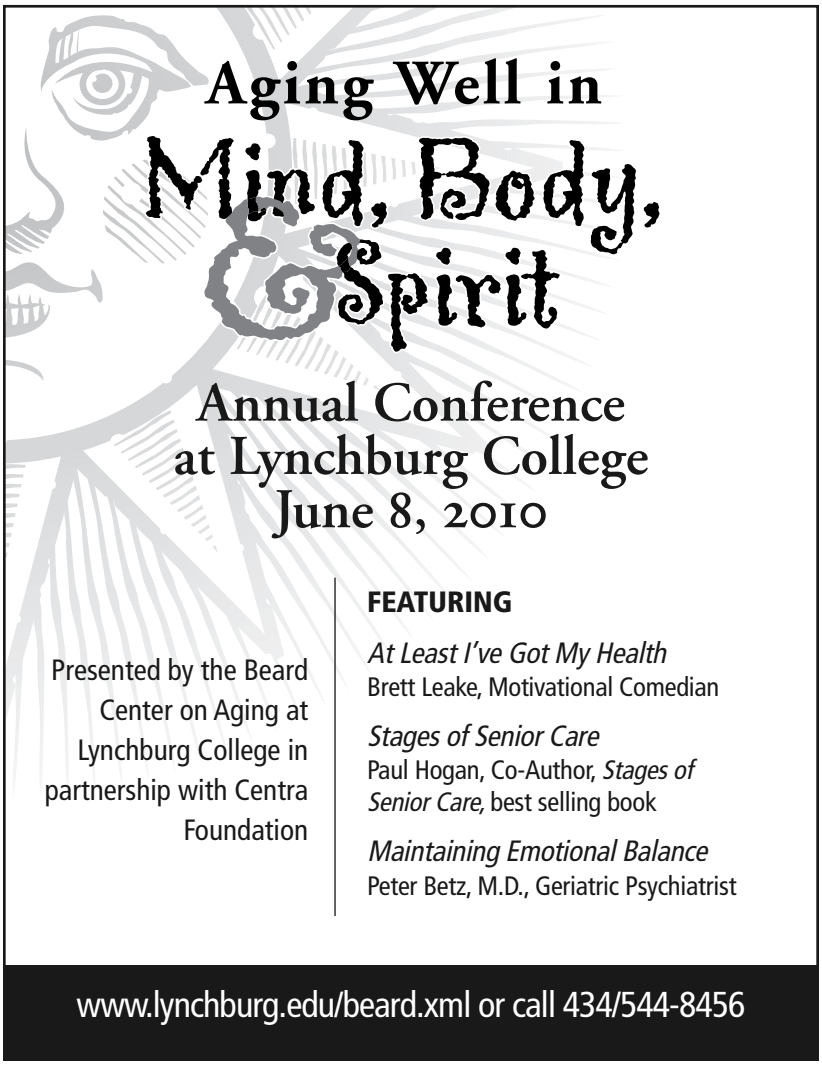
114. Reintegrating Aging Veterans: Lessons from Veterans Affairs Canada
Rebecca Matteo, MA, Wake Forest University
Victor Marshall, PhD, University of North Carolina at Chapel Hill

115. In What Way is Culture a Factor in the Use of Benzodiazepines among Older Women?
Sarah Canham, MA, University of Maryland

Friday night lites (optional events)
Friday, April 9th 7:00pm

Walking Distance: 8-10 blocks
Richmond CenterStage, Performing Arts Center:
Alvin Ailey American Dance Theatre (Carpenter Theatre) $38
Richmond Shakespeare: Elizabeth Rex (Gottwald Playhouse) $20-$30

Walking Distance: 10-11 blocks
The National of Virginia:
Rock , Reggae, Metal, Country, Blue Grass, and Indie music offered in a converted 1920s movie theatre. Tea Leaf Green (classic and contemporary rock) $15-$17.



SATURDAY, APRIL 10TH

CONCURRENT SESSION VIII
SATURDAY, APRIL 10TH 8:30AM-10:00AM

PRESIDENTIAL SYMPOSIUM V (DOMINION)

116. Gathering Data with Difficulty-to-Reach Populations: Techniques that Work
Organizer: R. Turner Goins, PhD, West Virginia University
Papers: (116a) S. Melinda Spencer, PhD, University of South Carolina; (116b) Keith E. Whitfield, PhD, Duke University; (116c) Thomas R. Konrad, PhD, University of North Carolina Chapel Hill; (116d) R. Turner Goins, PhD, West Virginia University
Track: Program Models

WORKSHOP XVII (EMPIRE)

117. Is the Geriatrician an Endangered Species?
Richard Lindsay, MD, University of Virginia, Emeritus
Track: Program Models

WORKSHOP XII (FLEMISH)

118. Snoezelen?: What Is It and Can It Help Persons with Dementia?
Jodi Teitelman, PhD, Virginia Commonwealth University
Lory Phillippo, M.P.H., OTR/L, Circle Center Adult Day Services, Richmond, VA
Track: Program Models

WORKSHOP XIX (COMMONWEALTH)

119a. Patient Rights, Ethics, and Refusal of Treatment
Rebecca Bigoney, MD, MediCorp Health Systems, Fredericksburg, VA
Track: Applied Research Best Practices

119b. Women and End of Life: Gender Differences in Care Needs
Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama
Faye McHaney, DNP, University of Alabama – Birmingham
Track: Applied Research Best Practices

PAPER SESSION XIV: UNIVERSITY COMMUNITY PARTNERSHIPS (COOLIDGE)

120. Research in the Community
Maria McDonald, MA, East Carolina University
Jim Mitchell, PhD, East Carolina University

121. A University-Community Partnership in Design for Healthy Aging
Jon Sanford, M.arch, Georgia Tech

122. Evaluation of a University-Based Program for Community Elders
Ed Rosenberg, PhD, Appalachian State University
Micah Beatty, MA, University of Oklahoma

Closing plenary brunch

Saturday, April 10th 10:30am-12:00pm

(grand ballroom)

SGS, AGHE and SEAAAA Working Together

Panelists: Jim Mitchell, (SGS President); Graham Rowles (AGHE President); Tonya Cedars (SEAAAA Executive Board Member and President of NCAAAA)

MARK YOUR CALENDARS
32ND ANNUAL MEETING
SOUTHERN GERONTOLOGICAL SOCIETY
APRIL 14 - 17, 2011
Raleigh Marriott City Center
Raleigh, North Carolina

THE UNCG GERONTOLOGY PROGRAM

UNCG

Delivering the highest quality transdisciplinary education in gerontology, and performing basic and applied research, preparing students for academic and professional careers serving age-related markets

- Five graduate degrees available
- Graduate Assistantships available
- Business and Aging concentrations
- Campus-wide Gerontology Research Network

Phone: 336-256-1020
Fax: 336-334-4113
E-mail: gerontology@uncg.edu
Visit: www.uncg.edu/gro

2010 SGS Abstracts

1. Gathering Data from Rural Older Adults: Multiple Methods that Work
Jim Mitchell, PhD, East Carolina University; Dena Shenk, PhD, University of North Carolina at Charlotte; Graham Rowles, PhD, University of Kentucky and Malcolm Cutchin, PhD, UNC Institute on Aging (discussant)

Applied research on aging in rural settings presents unique logistical challenges. Apart from physical distance between residences, researchers are confronted with higher project costs, increased time required to gather data compared to other settings, defining the study population in light of variability across rural areas, and gaining access to a population that may be hesitant to participate as research subjects. Nonetheless, rural older adults share challenges such as limited access to health and other services, transportation challenges as service needs escalate, and other attributes that suggest rural areas offer a natural applied research laboratory. This symposium highlights specific techniques of gathering data in rural communities and in rural areas using multiple methods across disciplines. Dr. Shenk's (Cultural Anthropologist) presentation focuses on the use of life history interviewing and photography in research with rural older adults. Dr. Rowles (Cultural Geographer) will discuss techniques that he employs in community-based participant observation in rural Appalachian Kentucky. Dr. Mitchell will describe a sampling technique and approach used in several large-scale surveys in Eastern NC including in-home structured and in-depth interviews with older adults in a rural setting.

1a. Sampling and Interviewing Rural Older People Living in Their Homes: A Structured Approach
Jim Mitchell, PhD, East Carolina University

Effective sampling is pivotal among applied researchers intent on gathering primary survey data in rural areas and in rural communities. Whether directing a large multi-site study aiming to represent a national population, a regional project within a state, or a smaller project confined to one rural county, sampling that captures population variability drives data quality and ability to answer important questions through statistical analysis. Although many rely exclusively on analysis of multi-wave secondary data, aiming to assess change in variables over time, few if any of these data sources represent variability in or across rural locations. This presentation describes a sample design and primary data-gathering process used successfully across several multi-county surveys in rural Eastern North Carolina. Beginning with sample size consideration in lieu of analytical design, the presentation describes a process culminating in household and respondent selection and data collection and verification in partnership with regional Area Agency on Aging offices. The presentation concludes with description of the need for the value of data gathered through academic and service provider partnership.

1b. Using Life History Interviewing and Photography with Rural Older Adults
Dena Shenk, PhD, University of North Carolina at Charlotte

Qualitative methods can be effective in gathering data from rural elders because they enable a deeper understanding of the rural aging experience. This presentation will be based on the Rural Older Women's Project, a multiphase research project undertaken in a four-county rural area in central Minnesota. The project was completed in several phases including the collection of life histories, social network and questionnaire data and photographs of the participants. A follow-up telephone survey was completed in 1990. In the original project, each participant was visited in her home numerous times over a period of more than a year. The emphasis is this presentation will be the collection of life histories and use of photography in this study. We will also explore other approaches to using photography in research with rural older adults.

1c. Engaging Rural Communities through Participant Observation and Extended In-Depth Interviewing
Graham Rowles, PhD, University of Kentucky

Using insights from multi-year ethnographic research projects conducted in rural Appalachian communities, this presentation will explore the integrated process of conducting participant observation and in-depth interview research with geographically dispersed populations. Issues covered will include community selection, the process of entering the field, conducting participant observation, selecting panels of elders for in-depth study, strategies for in-depth interviewing, and the development of data gathering procedures consonant with observations made in the field rather than determined a priori. The presentation also explores the role of reflexivity in making a sense of information gleaned from these approaches and considers issues involved in leaving the field, and some implications of selectivity in writing up and presenting findings. Emphasis will be placed on describing practical strategies that are culturally appropriate and sensitive to dilemmas in conducting research in rural settings. Such dilemmas include intrusiveness as an obvious outsider, the benefits and limitations of evolving relationships with selected key informants, maintaining appropriate confidentiality, dealing with potentially conflicting community factions, and both recognizing and living up to ethical obligations to participants in the research and to the community.

2. GERONTOLOGIST, INC: A Brand Worthy of Remark
Helene Bumbalo, MS, HirePower Associates, Virginia Commonwealth University; Tracey Gendron, MSG, Virginia Commonwealth University, E.A. Welleford, MSG, PhD, Virginia Commonwealth University

Career-progression for Gerontologists is hindered by their lack of a clearly defined brand. A degree in Gerontology is often misunderstood compared to more recognized disciplines already serving Elders. As the aging population increases, opportunities for employment in the field will also increase. In order to educate prospective employers and the community as to why Gerontologists are the preferred choice for hire, we must first engage our own academic institutions and societies in defining Gerontology as a brand. This workshop will discuss the need and value of branding GERONTOLOGIST, INC., stimulate meaningful thought about managing and influencing others perceptions about Gerontologists, create sample brand statements and identify opportunities to market the brand GERONTOLOGIST, INC. to the engaged community as a thriving and distinguished profession. Defining the GERONTOLOGIST BRAND will increase our recognition among hiring managers and consumers alike, thereby increasing meaningful employment. Providing academic coursework focused on career management skills will enhance the ability of Gerontology graduates to successfully transition from the university and engage in the rapidly increasing field of applied gerontological work.

3. Person-Centered Care in Aging Services: What Is It & What Are Research Gaps
Karen Love, BS, Center for Excellence in Assisted Living and Sonya Barsness, MSG, Pathways to Care

Interest in person-centered care (PCC) is growing as it gains acceptance as the gold standard for humanistic and holistic care. Not everyone uses the term PCC or alternatively, culture change, to signify the same thing. Some use PCC to refer to an operational change such as a new dining program while others use PCC to mean a choice of when to eat and bathe. PCC proponents define it as a comprehensive and on-going process of transforming an organizations operation and culture into a nurturing, empowering one that provides purpose and meaning for elders in a relationship-based, homey environment. There has been no research to study what specific elements are needed to support PCC outcomes. Research and initiatives focused on singular elements of PCC (e.g., workforce or environmental design) that advances knowledge, but does not provide an understanding of all the elements needed

to support PCC outcomes and how they interact and correlate to one another. This presentation will identify a Donebedian framework of structural elements and processes needed to support PCC outcomes based on aggregated research and evidence-based practices, and outline gaps in needed research. The presenters are nationally recognized experts in PCC across the aging spectrum.

4a. Living in a Breadbox? Housing Alternatives for Mature Adults
Ruth Garrett, PhD, MPH, Vanderbilt, Meharry Medical Colleges, Nashville, TN

When it comes to planning for late life, housing plans should take priority. The small-house movement flies in the face of the McMansion trend, but it is basically very practical for some people. The Tiny House Company is designing homes as small as 300 square feet, but most people prefer to stay in their own home, our objective. The Vanderbilt/Meharry Alliance is backing a development to do just that: Age in Place. Research on the Beacon Hill Boston Model Aging in Place and the Avenidas Model in Palo Alto, CA, led to the Princeton University Model, Community Without Walls (CWW). The Nashville, TN group initiated a program based on the Princeton CWW model in January, 2008.
Surveys returned from 60 respondents indicated enough interest to begin the first chapter with 15 older adults. After five months of monthly meetings, a second house was developed. Interest has been shown to develop a third house. In CWW seniors learn about physical, mental and emotional aspects of aging, and practical, emotional, informational and social support are offered to each other. It has taken very little money to establish this program but it requires leadership, organizational skills, time, a willingness to work in concert, humor, curiosity, and acceptance of members' interests and idiosyncrasies. This grass roots effort to age at home has many advantages, among which is a sense of mastery, often lost with the move to an institution or even an adult child's spare bedroom. The can-do spirit is attractive to boomers. Seniors get to know their neighbors, their community, and are well connected and skilled in areas of expertise to share with each other. Since most care for the elderly is already out of reach for all but the very wealthy, this approach offers many benefits.

4b. DATHA Coalition: Integrative Models for Sustainable Aging Practices
Claudia Winegarden, PhD, Georgia Tech and Jon Sanford, PhD, Georgia Tech
Although there are a range of efforts in service provision, research and development, design and industry devoted to healthy aging, they lack integration, which make it difficult to apply new and innovative designs and technologies in practice. In this workshop we present for discussion an integrative model that brings together these fragmented efforts that will result in sustainable aging practices. More specifically, we discuss the efforts on developing the Design and Technology for Healthy Aging Coalition (DATHA), a multidisciplinary effort that brings together researchers, practitioners and service providers in the Atlanta area to work together to identify, develop and implement new design and technologies for healthy aging that respond to the real everyday needs of older adults living in a range of community housing options. Specific emphasis is given to future efforts on the coalition functioning as a catalyst for a major shift in the way design and technology for healthy aging is conceptualized and implemented in the areas of people, environment, services and policies.

5. Frailty: How to Diagnose / Treat / Prevent
Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama and Faye McHaney, DNP, University of Alabama – Birmingham

We think we know frailty when we see it but in reality frailty cannot be adequately judged by external appearance or age alone. Frailty is defined as a dynamic process of inability to tolerate stressors that affect greater than 15% of the population. 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 gives little or no information about the capacities 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 elders have no accompanying illness, and one in four have only one coexistent disease process. Greater than 46% of elders over the age of 85 are frail and at great risk of a rapid, downward spiral when an acute event or insult occurs, whether physical or psychological. Many causes of frailty are treatable and possibly reversible through a combination of treatment, good nutrition, and exercise.

6. Does Age Significantly Contribute to a Fall History Prediction Model Based on Clinical Measures of Mobility and Balance in Older Adults?
Walter Palmer, MS, University of North Carolina at Chapel Hill

BACKGROUND: Incidence of falls increases with age in older adults. Many factors associated with age are also associated with a history of falls and are predictive of future falls. Studies have found some interventions to reduce risk factors for and incidence of falls in older adults. However, the unique association of age with the risk of falling is not well understood. The purpose of this study was to examine whether, after creating a logistic regression model predicting a history of falls based on clinical measures of mobility and balance, age significantly contributes to the model.
DESIGN: Cross sectional study
SETTING: Population based study at two senior centers in Orange County, North Carolina.
PARTICIPANTS: Community dwelling older adults OUTCOME MEASURE: Self-report of one or more falls in the previous years.
METHODS: Logistic Regression
RESULTS: The TUG and tandem stance scores contributed to a predictive model of fall history ($p<.001$ and $p=.017$ respectively). Age did not significantly add to the model ($p=.398$)
CONCLUSION: Although the incidence of falls increases with age and age is correlated with clinical measures of mobility and balance, a fall history prediction model based on clinical measures is not improved by including age.

7. Assessing the Risk of IADL Tasks from the Perspective of Medically-at-risk Older Adults and their Caregivers
Anne Dickerson, PhD, OTR/L, FAOTA, East Carolina University and Jennifer Gaudy, East Carolina University

This presentation will discuss the results of a recent descriptive study of older adults and their caregivers. The purpose of the study was to understand the impact of chronic disease on the functional ability of older adults by determining which instrumental activities of daily living are most meaningful and may pose a safety hazard for the medically-at-risk older adult who plans to live independently. Data was collected through individual interviews with twenty older adults and their respective caregivers. The participants had to be recently discharged from a hospital due to their chronic disease that included heart disease, stroke, COPD, dementia, or diabetes. Data analysis indicated that the most important tasks were driving, managing medication, cooking, and phone use. Participants reported that all tasks were affected by their chronic disease, except managing finances and phone use. Results revealed a discrepancy between the caregivers and participants perception of driving ability which leads to concerns for safety. Safety issues were also a concern with medication management. Discuss will focus on the implications of these findings and needed future research.

8. The Responsiveness and Validity of the Activities-specific Balance Confidence Scale and Tinetti's Performance Oriented Mobility Assessment in Older Adults
Kevin Chui, PhD, Sacred Heart University

Impairments of balance are frequent and problematic for many older adults. This study evaluates the clinometric properties of self-perceived (Activities-specific Balance Confidence Scale [ABC]) and performance-based (Tinetti's Performance Oriented Mobility Assessment [POMA]) outcome measures frequently used in rehabilitation. Thirty-four consecutive community dwelling

older adults, referred to physical therapy (PT) with diagnoses that impaired their balance, participated in this study. PT interventions included balance exercises, gait training, and strength training among others. Indexes of responsiveness such as standard error of the measurement, minimal detectible change, effect size, and standardized response mean were calculated. Correlations were calculated between the ABC and POMA (total score and its balance and gait subscales) at evaluation and discharge. Indexes of responsiveness are presented and discussed to assist the clinician with the interpretation of ABC and POMA change scores. A ceiling effect for the POMA was observed, especially for the gait subscale at discharge. Statistically significant correlations were found between the ABC and POMA (total, balance and gait subscales) at evaluation (r = .37-.46). At discharge, only the total score and balance subscale of the POMA correlated with the ABC (r = .41-.44). The moderate correlations between the ABC and POMA demonstrate convergent validity.

9. Marginalization and Elder Abuse
Linda Jasper, PhD, Indiana University Southeast

Lack of empirical testing has long hampered the study of elder abuse. Earlier studies were descriptive and focused on the individual characteristics of the caregiver and care-receiver. Other studies focused on psychological characteristics such as stress or the pathology of the caregiver. The political economy of aging, the political economy and neo-Marxist/Marxist formed the theoretical basis for this study. Two public area agencies on aging and one private agency participated in the study. The results of the study show mixed results for marginalization; labeling and gender were not significant. Ageism was significant for linear regression but not multiple regression. Age of the caregiver was significant.

10. The Fluidity of Generational Boundaries and its Impact on Generational Conflict in the Workplace
Amber Wells, B.A., University of North Carolina at Chapel Hill

Generational conflict in the workplace has been a topic of great interest to both academics and business leaders. Many scholars argue that generational conflict occurs because workers of each generation bring different sets of work related attitudes to the table that often clash. Older workers think that younger workers have a poor work ethic and younger workers think that older workers are not innovative. Essentially, this results in a clash of values between older and younger workers. However, a less studied topic is whether or not such generational values actually exist. There is no consensus about the boundaries of each generation as researchers and writers often use different years to mark generational boundaries. Perhaps, using different generational groupings lead to finding different generational values. In this paper I examine how using different generational boundaries affects our understanding of work attitudes. If average scores on work attitudes change as generational boundaries do, then this would identify a methodological problem in current research in this area. Since this research is informing business practices, it is important to produce the most robust research possible so that business leaders can implement practices that address problems in the workplace effectively.

11. The Future of Positive Aging
Harry Moody, PhD, AARP, Washington, DC

The idea of "Positive Aging" includes many forms, such as Successful Aging, Productive Aging, Creative Aging, and Conscious Aging.

To what extent are these "ideologies" reflecting social structures, such as demographic trends, workplace demands, economic and technological forces, cultural influences, tendencies in the consumer marketplace and other exogenous elements that shape our thinking and aspirations? What is the "opposite" of "Positive Aging" and how does this binary configuration (positive versus negative) reflect our individual and collective consciousness at the present time? How has the idea of "Positive Aging" been embodied in very different historical and ideological contexts, such as the religious traditions of

Confucianism, Taoism, Hinduism, with their own ideas about normative dimensions of the "stages of life?" What does contemporary empirical gerontological research tell us about the character of wisdom, patterns of creativity and innovation over the life-course, and trends in disability and functional capacity in later life? What can we learn from "progress narratives" and "decline narratives" in literature as well the late style of aging artists past and present? This discussion focus on pragmatic results from the analysis offered here.

12. Death and Dying
Shanta Sharma, PhD, Henderson State University

The purpose of this study was to explore the attitudes of young adults toward death and dying. Hoeltor's Multudimentional Fear of Death Scale (MFODS)(1979) was administered on 166 students who were enrolled at Henderson State University. Forty-five percent were males and 55% were females; 42% were in 20 & below age group, 31% were in 21-25 age group and rest were in older age groups; 67% were never married; 59% were White $ 41% were Nonwhite; 88% were Protestant: and 49% were from Middle Class. Factor structure and scale reliabilities were derived of total sample. Principal component analysis with varimax rotation extracted 10 factors, of which 2 factors were dropped of low reliability. The total scale reliability was .92 with 8 subscales reliabilities ranging .88 to .66. Of the original 42 items, 35 were retained. One-Way analysis indicated significant differences by gender, age, marital status, education, race, and class. The results indicated the need of studying Intergenrational attitudes, and the integration of death and dying education as an integral part of Higher education.

13. Aging in Developing Countries: Health and Socioeconomic Determinants (Case Study – Nigeria)
Toyosi Adekeye, MD, University of North Carolina at Greensboro

The concept of aging in developing countries is not well understood and due to limited resources it is not well researched. Aging in the developing countries has been adversely affected by truncated longevity due to deteriorated living conditions, abject poverty, poor health standards and services. This paper looks at the factors responsible for shortened life spans and considers the health and social determinants that are responsible for this. It also looks at possibilities of closing up the wide berth that exists between the developing and developed nations with regards aging. It specifically deals with issues that border around the unavailability of adequate economic development despite enormous foreign aid and international development programs. Nigeria is used as a case study where health disparities within and without the country, AIDS pandemic, low educational levels, poor health literacy, near absent public health and medical care and lack of structured care for aging populations has led to an average lifespan within the 40year range and an aging population of only 3% of its entire population.

14. Enhancing the Care Provided to Older Adults with Dementia: Suggested Strategies and Best Practices
Brittany Bird, Barton College; Anita Fenner, Barton College; Simone Lassiter, Barton College and Claire Severt, Barton College

Caring for an older adult with dementia has become a normative experience in our society, with an estimated eight percent of all individuals aged 65 and older have some form of dementia, and fifty percent of those aged 85 and older. The typical individual aged 65 or older will spend as much as twenty percent of the rest of their life dependent upon someone else. Coursework and theories of caregiving offer an ideal understanding and approach, but the reality is often quite different. Mass media offers some perspectives on caregiving which include both accurate and false realities. This presentation examines caregiving from the perspective of new professionals in a variety of settings, shedding light on what is effective, and not, in meeting the needs of older individuals with dementia. We discuss specific examples from popular movies and television as they portray the challenges of caregiving. Our intention is to offer a new insight on the caregiving perspective from the inside looking out on the aspects of day

to day challenges. Our intention is to increase the community awareness and the quality of the care provided to older adults with dementia.

15. How Virginia Is Preparing to Ride the Age Wave

Thelma Bland-Watson, MS and PhD, Senior Connections, The Capital Area Agency on Aging, Richmond, VA and John Martin, CEO, Southeastern Institute of Research and the Older Dominion Partnership

This session will present a White Paper on the Older Dominion Partnership (ODP) an initiative by business, government, foundations, universities and nonprofits to help Virginia prepare for the coming boomer age wave. The ODP is a public/private initiative created to raise awareness and advance preparation across the Commonwealth for the coming "age wave" of older adults-when aging boomers will double the current population of persons age 65 and over. The ODP is a new model of age wave planning where leaders in academia join with others to plan for the community they share. The ODP conducted strategic research among residents and business leaders to help create a planning roadmap. Six ODP workgroups have been formed: community readiness, civic engagement, aging services communications support, health care access, long-term care and a shared statewide database workgroup that support the other groups and offers a matrix of age wave preparedness performance indicators. The ODP is providing guidance to Richmond in developing a livable communities toolkit that will be disseminated to other groups.

16. The Use of Past and Current Photographs in Communication with Older Adults with Dementia

Denise Bordeman, MA, University of North Carolina at Charlotte

This study explores the use of past and current photographs in communication with three participants in a residential community who have varying levels of dementia. Factors examined in this study include photograph presentation order, the effect of different types of photographs (family, relational, environmental) on communication, the use of adjectives in communication about the photographs, non-verbal communication related to the photographs and the emergence of small stories in reference to the photographs. The researcher worked with each participant to take photographs of community places or things the participant likes or enjoys and also worked with the family of the participants to gather photographs from the participant's past. The participant and the researcher then looked at the photographs in a different order on three different occasions. Findings from this research suggest that the relational content in a photograph may influence communication about the photograph for those with dementia. Findings also suggest that as dementia progresses, participants communicate less about the photographs, and that non-verbal communication decreases with the progression of dementia.

17. Student Internships with Community Hospice

Jeff Brooks, PhD, Fayetteville State University and Pam Collins, MA, Cumberland County Social Services, Fayetteville, NC

This poster examines connections between two schools and community hospice as experienced by two nontraditional students. The poster presents observations on being volunteers in hospice care programs. We report findings from other agencies struggling to provide care to terminally ill patients and their families.

Community Hospice Organizations badly need volunteers for supporting the patients, the family/caregivers and respite services but volunteers are difficult to find. Having volunteers is so vital it was listed as a requirement for being funding by government policy. Unfortunately, hospice care as a general topic and volunteer recruitment and training in particular is rarely studied in the field of aging.

The results across these different agencies are depressing in that finding volunteers is difficult at best. Family members of previous patients appear to be the most reliable source of long time volunteers. Given the controversy about health care reform and

the accusations about death panels and "Obama wanting kill grandma", we strive to try to bring dignity to the topic of end of life care. Our goal is to give a rational voice to this vital issue. Research, education and finding volunteers for the end of is urgently needed.

18. Reducing Intimate Partner Violence Among Older Women: Response Readiness in a Rural Faith-Based Community

Nancy Brossoie, PhD, Virginia Tech and Karen Roberto, PhD, Virginia Tech

Intimate partner violence (IPV) among older women is a hidden public health concern, particularly in rural areas. The challenges and commonly shared characteristics of rural life create a hesitance not only among older women to seek help, but among community providers to get involved in such a difficult issue. This study examines a faith-based communities readiness to respond to older women striving for a healthier life without violence. Focus groups and interviews were conducted in southwest Virginia with local clergy, parish nurses, and older adult ministers. Questions were based on an ecological-community theoretical framework and grounded in research on elder mistreatment and community capacity. Readiness was assessed on awareness of IPV, understanding of current response strategies, recognition of roles and missions of other responding professions, and willingness to collaborate to prevent and reduce incidences of IPV. Responses indicated that faith-based community members are willing to join community response efforts but may be hindered by limited awareness of aging issues, IPV, and community services. Assumptions about the nature of IPV and the characteristics of older abusers and victims must also be addressed in the course of raising awareness and developing a community response plan that includes the faith-based community.

19. Accessing Programs Designed to Prevent Injuries in Later Life from an Athletic Training Perspective

Crystal Casto, Barton College; Jennifer O'Donoghue, PhD, LAT, ATC, CSCS, Barton College and J. Steven Fulks, PhD, Barton College

Older adults become more susceptible to injuries due physical changes related to normal aging, and greater consequences from falls and other injuries. With advancing age, the body tends to lose bone density, muscle strength, balance and flexibility - any of which may lead to injury. This study examines how even slight increases in the level of physical activity can drastically slow or even reverse physical decline to reduce the risk of injuries in the older population. Several benefits are discussed as they pertain to older adults as well as to their caregivers. Current exercise programs that are designed for the older adult are highlighted and examined to determine to what degree they are meeting the needs of this special population. Suggestions on how to evaluate the positives and negatives of a given program and what, if anything, needs to be altered are presented. The study also examines many common injuries for this age group and suggested ways to prevent them.

20. Promoting Active Living - Engaging Ideas for the Design of Senior Living Settings from Interior Design Students

Meldrena Chapin, PhD, Savannah College of Art & Design

With the growing emphasis on active healthy living, culture change, and aging in place, the physical model of elder care settings is transforming. This poster presents several of the key factors critical to creating successful environments for seniors including a) the model of place; b) altering the hidden program of elder care settings; c) the importance of engagement and social activity; d) the development of beneficial relationships; e) ensuring residents control, choice and autonomy; and f) Lawtons competence-press model and resulting challenge of promoting active living. See student design solutions which embody the attributes of positive place experience through promoting activity, health, well-being, independence and continued quality of life within residential settings for elders. Viewers will have an opportunity to learn about and gain an understanding of the attributes of positive place experience and the tenets of supportive design for aging. In addition, examples of innovative design solutions that promote activity,

independence and aging in place will be presented.

21. The Ability of Age, Gender, and Anthropometric Measures to Predict Self-Selected and Fast Walking Speeds in Healthy Older Adults

Kevin Chui, PhD, Sacred Heart University

There is limited normative data for self-selected (SSWS) and fast (FWS) walking speeds for healthy adults older than 70 years. Less is known about how age, gender, and anthropometric characteristics predict SSWS and FWS in this population. Participants were residents of a retirement community (n=118, mean age 84.67Â±5.3 years, 70.3% female). Walking data were collected using the GAITRite, an instrumented walkway system with documented reliability and validity. Descriptive statistics were calculated for independent (predictor) variables: age, gender, and anthropometric measures (height, leg length, weight, body mass index [BMI]). Separate stepwise multiple regression analyses identified age and gender as the only significant predictors of SSWS (r= .60, r2 = .36, p<.000) and FWS (r= .61, r2 = .37, p<.000). Both regression models had a large (r2 > .10) effect size. Supplemental (diagnostic) analysis of each regression model was completed to identify outliers, calculate variance inflation factors, and to test the assumptions of heteroscedasticity and linearity. Based on the supplemental analyses, both models are convincing interpretations of the data. Understanding the ability of age and gender to predict SSWS and FWS can assist health professionals in designing and assessing interventions for patient populations of older adults.

22. Design of a Community-based Fall Prevention Program for Meals-on-Wheels Clients

Brooke Davis, MSN, ANP, J. Paul Sticht Center on Aging, Wake Forest University School of Medicine

Background: Falls are highly prevalent in older adults (OAs) and associated with serious health and functional consequences. For many OAs, office-based fall assessment is inadequate due to limitations in patient access and an inability to observe the home environment. Meals-on-Wheels (MOW) programs may provide a novel model for the implementation of a fall prevention program in high risk OAs; we describe the design of such a pilot program in Forsyth County, NC. Design and Evaluation Methods: Pilot of a community fall prevention program involving a sample of frail, homebound seniors enrolled in MOW. In collaboration with MOW staff, clients undergo falls screening and, if indicated, referral to a Geriatric Nurse Practitioner for initiation of a comprehensive, multidisciplinary, in-home fall risk assessment and prevention program which involves caregivers and MOW volunteers. We plan to enroll OAs at high risk for falls in the pilot program and follow them for at least 3 months. Program outcomes will assess pre- and post intervention incidence of falls by having clients/caregivers report the number of falls in the 3-month periods prior to the assessment and following the intervention. Conclusion: MOW programs exist in many communities throughout the nation and provide a unique opportunity to implement fall prevention by training healthy volunteers to reach this high-risk population. If successful, this model may be implemented in other communities with Meals-on-Wheels programs.

23. The Ethics in Achieving Sustainable Healthcare Design for Older Individuals

Joan Dickinson, PhD, Radford University

The role of sustainability to society is increasing due to the detrimental effects of increased natural resource consumption, fossil fuel dependency, climate change, and population growth. For too long, the healthcare sector has overlooked these trends and its buildings are major contributors to poor indoor air quality, environmental toxins, and medical waste that add to increases in asthma, heat stroke, and cancer. When examining the Hippocratic Oath, one crucial tenement of healthcare is to first do no harm. This poses an ethical dilemma and charges those involved in healthcare to consider that a sick planet cannot aid in the healing process. Sustainable issues are also of concern to those who are older since this portion of our population is at greater risk for both acute and long-term care stays. Yet, achieving

green design in healthcare facilities for older individuals is difficult due to issues related to infection control, durability, and maintenance. The purpose of this poster session is to present undergraduate student solutions for the design of a sustainable memory care unit for older individuals. In particular, students created smaller-scaled facilities that took advantage of the restorative properties of nature despite the functional challenges posed by this healthcare building archetype.

24. A Transportation Resource Guide: Description of Development and Process
Lesley Evans, East Carolina University and Lindsie Webster, East Carolina University

The 2005 White House Conference on Aging identified transportation as a top issues for elders. Driving is not only viewed as a source of independence, but in most areas, as the only means of maintaining participation in the community. Unfortunately, there comes a time when the elder must give up the keys. Although there may be information in one's community, it is often not easily accessible for the elder or caregiver or coordinated through one source. This poster will explain the process of developing a *Transportation Resource Guide* that will be used by therapists with their clients. The purpose of the Guide is to provide practitioners with a clear algorithm that will help their clients understand why it is unsafe for them to continue driving and to provide them with alternative modes of transportation that will be specific for that client based on their needs. The guide has been drafted, based on multiple interviews with clients, therapists, and transportation experts. The methods of development will be explained. The guide is currently undergoing review with therapists and clients. The participants will be interviewed about strengths and weaknesses, suggestions for improvement, and the results of this pilot study will be discussed.

25. Gerontology and Pharmacy Collaboration: A Description of the Combined Degree Program at Virginia Commonwealth University
Deanna Flora, BS, Virginia Commonwealth University; Patricia Slattum, PharmD, PhD, Virginia Commonwealth University; Tracey Gendron, MSG, Virginia Commonwealth University, and E.A. Welleford, MSG, PhD, Virginia Commonwealth University

Virginia Commonwealth University has offered a combined Doctor of Pharmacy and Graduate Certificate in Aging Studies program for more than 20 years. Students take required courses in pharmacy and gerontology as well as complete an independent study project and advanced pharmacy practice experience in geriatrics. This unique opportunity allows pharmacy students to interact with colleagues from other disciplines, including gerontology, social work, psychology, and others, who share a common interest in caring for older adults. Pharmacy students are challenged to expand their thinking beyond their primary discipline in ways that enrich their professional relationships and thus, the care they provide to older adults. Current and former students were surveyed to determine their perspectives on the value of the program to their professional life and how they use or plan to use their gerontology training in their practice of pharmacy. Graduates of this program are employed in Schools of Pharmacy, the Department of Veterans Affairs, the Federal Bureau of Prisons, various health systems, and community pharmacy practice. In all of these settings, graduates apply the knowledge, skills, and attitudes fostered in this program to their professional practice.

26. NIA Program Emphases in Community-Based Research and Social Engagement
John Haaga, National Institute on Aging (NIA)

27. JABA Improves its Senior Nutrition Program and the Local Economy by Using Local Food
Judy Berger, BA, Jefferson Area Board of Aging (JABA), Charlottesville, VA

The prevalence of diet-related diseases in seniors has been a driving force for JABA to improve its nutrition programs, not only for seniors but also to encourage the same for younger generations who will eventually face the aging process. This presentation will demonstrate how one area agency on aging served as a catalyst to promote and

develop a sustainable local food system to benefit individuals of all ages and income levels while preserving and improving a viable local farming industry. The workshop will provide step-by-step guidelines to building cooperative partnerships in order to identify needs, establish goals, secure funding and complete objectives specific to an individual community. Ideally, each workshop participant will acquire tools to approach community needs by forming more effective partnerships and stretching available resources, whether upgrading a senior nutrition program, implementing a local food system, or undertaking other community challenges that area agencies on aging confront.

28. Four Tools to Help Families make the Difficult Decisions for those without Capacity

Viki Kind, MA, Owner of KindEthics.com – Bioethics consulting and education, Granada Hills, CA

With our growing population of individuals with Alzheimer's, dementia, strokes and other brain injuries, professionals and families/caregivers are struggling to make decisions for those who have lost capacity. As a bioethicist, every day I see families torn apart by conflict amongst themselves and with the healthcare team. The field of bioethics provides a number of techniques which can be used to resolve these dilemmas. In this workshop, you will learn the framework and tools you will need to create a good, ethical decision. These tools will help give voice to those who can't speak for themselves. The tools can also be modified based on the person's level of incapacity and the specific situation. This is not a one size fits all solution but one that can be modified to meet the specific needs of those involved. We will begin by discussing the critical pathway you can use to guide families through the decision making process. I will then share with you specific strategies and questions you can use. Respect and compassion for those who need our help are the core values of this decision making process.

29. One Call Club for Seniors: A new approach to "Aging in Place"

Kathy Sergeant, MSSW, Knoxville-Knox County Community Action Committee Office on Aging, Knoxville, TN

What do seniors really want? According to AARP, the overwhelming majority (90%) wants to remain as independent as possible - to stay in their own homes where they feel safe and comfortable, surrounded by friends and neighbors. But, the difficulties of maintaining a home, combined with the complexities of modern life, can be overwhelming to an individual and can be a significant factor in mental health issues. The stress of dealing with daily issues of life can affect physical and emotional health, raising blood pressure and contributing to depression. Cluttered, unsafe home environments make tripping and falling more likely. Lack of transportation to medical appointments, pharmacies and grocery stores is a significant barrier to health care and good nutrition. In addition, the potential is great for a senior to be exploited by unscrupulous workers. There is hope however! This Robert Wood Johnson Foundation funded program, One Call Club for Seniors is addressing the unmet need of a vulnerable and diverse population of seniors. Participants will learn how the visions for the program lead to community collaboration that resulted in the program being implemented. Program outcome measures will also be addressed and tools to replicate the program will be available.

30. Role Conflict and Coping Mechanisms of Front Line Health Care Workers Caring for Elderly Patients and Clients

Peter Stein, PhD, UNC – Institute on Aging; Jennifer Morgan Craft, PhD, UNC – Institute on Aging; Brandy Farrar, MA, UNC – Institute on Aging and Kanrda Jason, MA, UNC – Institute on Aging

Frontline health care workers in the United States (4.7 million) provide patients and clients with intervention services, chronic illness management strategies, and long-term and post-hospitalization rehabilitative care. Among their patients are many elderly women and men. Such jobs involve heavy workloads, low pay, and limited benefits. To improve quality of care, American hospitals and health care facilities enhance jobs to expand task responsibilities, improve job

skills, and facilitate career development of front line workers. One such initiative is The Jobs to Careers: Promoting Work-Based Learning for Quality Care Program established in 17 locations. Data comes from 34 focus groups consisting of 345 front line health care workers and supervisors caring for older patients and clients. A majority are women and 42% of those raising children are single or divorced. These workers are trying to balance demanding full-time jobs meeting the complex needs of older patients with parenting responsibilities, education, and a personal life. Qualitative analyses indicate considerable role strain and role conflict. Competing demands of elder-care work, parenting, and education The unique demands of caring for elderly patients Tensions and conflict stemming from limited income; high demand and high stress jobs; emotional and physical stresses; demanding supervisors and needy clients Work-home emotional spillover We identify coping mechanisms developed by front line health care workers and the presence or absence of support by supervisors and organizational policies.

31. How Regional/Local Long-Term Care Ombudsmen Prepare for Disaster at the Grassroots

H. Wayne Nelson, PhD, Towson University; Daniel Agley, Ed.D., Towson University; F. Ellen Netting, PhD, Virginia Commonwealth University; Kevin Borders, PhD, Spalding University and Ruth Huber, PhD, University of Louisville

When disaster strikes institutionalized elders targeted by local ombudsman suffer disproportionately during mass casualty events such as hurricanes, floods, hot spells, and chilling temperatures. In this paper we report the results of a study of regional and local ombudsmen who work at the grassroots level in their respective states and who face the real possibility that when disaster strikes, they must know what to do. Practice literature and helpful tools for disaster preparedness were identified, followed by a half-hour telephone survey of 84 regional/local long term care ombudsman. Ombudsmen are aware of their responsibilities to respond in emergency situations, and the majority expressed the need for more preparation. Thirty-nine respondents (37.5%) had experience dealing with a public disaster and were less likely than those who had not had the experience to be familiar with the available resources. A counterintuitive finding was that those ombudsmen who had actually experienced a disaster seemed less familiar with the various prepared resources about which we were asking. It may be these ombudsmen who should be training their uninitiated colleagues to recognize how important it is to know when to follow a rational plan and when to improvise as the unexpected emerges.

32. BSW House Calls Program: Partnership Development Between Practice Classes and a Community Clinic

Rosalie Otters, PhD, MSW, D.Min, University of Arkansas at Little Rock and Carolyn Turturro, PhD, University of Arkansas at Little Rock

The U.S. Dept. of Labor projects that there will be an increased need for careers in gerontological social work as Baby Boomers age. The University of Arkansas at Little Rock (UALR) is designated as a metropolitan university, having a diverse student body from a wide variety of ages, racial/ethnic and socioeconomic backgrounds. Its mission is to both educate students and to create effective citizens. Metropolitan universities reach beyond their borders, seeking to serve their community through partnership development with other institutions. UALR has been awarded a BSW Experiential Learning (BEL) grant (2008 - 2010) funded by the John A. Hartford Foundation, to develop a community partnership. The BSW House Calls Program is a home visiting partnership with the Reynold's Center on Aging, the University of Arkansas for Medical Sciences. BSW practice class students are offered a short internship, shadowing and actively participating in home visiting with a licensed master's social worker. Students apply interviewing skills learned in their practice class to actual patients. This paper will present the results of this two year project, tracking student attitude changes toward aging and aging careers.

33. Preventive Home Visits: Testing a Social Model of Care in the United States

Judie Svihula, Phd, Institute on Aging, University of North Carolina at Chapel Hill; Malcolm Cutchin, PhD, University of North Carolina at Chapel Hill; Susan Coppola, MS, OTR/L, FAOTA, University of North Carolina at Chapel Hill; Vibeke Talley, OTR/L, Orange County Department on Aging; Mary Palmer, PhD, University of North Carolina at Chapel Hill and Diane Catellier, DrPH, University of North Carolina at Chapel Hill

Most older adults wish to remain at home the rest of their life. Yet factors such as increasing frailty, social isolation and reduced community mobility may lead to declines in well-being that in turn result in moves, hospitalization, or institutionalization. A successful preventive approach for at-risk older adults could mitigate the problems and unwanted outcomes as well as save costs. This paper presents a research project wherein occupational therapists are implementing an innovative non-medical Preventive Home Visits (PHV) protocol similar to what has been utilized in Denmark. The study, funded by the National Institute on Aging, is being conducted in three North Carolina counties with an effort to establish evidence of feasibility and effectiveness. Therapists provide visits to older adults in their homes to assess needs, the environmental, social and occupational situation, and provide recommendations to optimize function and well-being. Using an experimental, repeated measures design, investigators are collecting function, health, health care utilization, and quality of life measures on a population of potentially vulnerable community-dwelling older adults. Feasibility in both data collection and intervention delivery is very good to date with little missing data or attrition. We have learned valuable lessons about program design and implementation.

34. Bimanual Coordination and Successful Aging: Results of a Model Music Program

Jennifer Bugos, PhD, East Carolina University

Age-related cognitive decline can limit independence, increase health care costs, and affect overall quality of life. Current cognitive interventions aimed at mitigating cognitive decline show training gains on the trained task only with limited ability to generalize to multiple cognitive domains. Preliminary research suggests that bimanual coordination combined with a novel, progressively difficult program may enhance some cognitive abilities (Bugos et al., 2007).We examined the effects of a model music program with an emphasis on bimanual coordination on verbal fluency, processing speed, and planning abilities in older adults (ages 60-85). This program is part of a two-year study to examine the effects of music instruction on successful aging. Seventy participants were screened and matched to two, sixteen-week music programs (Group Piano Instruction and Music Listening Instruction). A battery of cognitive measures was administered pre and post-training. Forty-six participants completed the study. Attrition was due personal or family illness or a need to return to the workforce. Results show significant ($p<.05$) increases in processing speed by the piano group compared to the music listening group. Performance on verbal fluency and planning measures shows an increase in performance for both groups. Music programs can serve as an effective cognitive intervention.

35. Found Meanings in a Dementia Art Program

Melannie Clapsadl, BA, MS, University of North Carolina at Wilmington, University of North Carolina at Charlotte and Candace Ashton, PhD, LRT/CTRS, University of North Carolina at Wilmington

With the prevalence of the dementias increasing rapidly, it is imperative to not only search for a medical cure, but seek out and implement therapeutic interventions that sustain and improve quality of life for the individual living with dementia as well as the caregiver. The use of an art program as a therapeutic tool for individuals with dementia meets these needs and simultaneously allows the participants to make choices and engage in reminiscence. This study aims to discover meanings to all involved in Connections, a docent led art museum tour for individuals with dementia, including; museum docents, individuals with dementia, caregivers, and activity directors. Using

grounded theory, the meanings found in this program were divided into three main themes and several subthemes. The three main themes found were: stigmatization, fear, and anxiety of dementia; reasons for participating in the program; and outcomes of the program. Meanings differed for individuals that associated the program with personal experiences with dementia, and those who had no personal experiences with dementia.

36. Homoeopathy & Yoga for Healthy Ageing
Ravi Bomma, MSc, Kakatiya University and Bhaskar Bomma, MSc, Kakatiya University

Homoeopathy along with yoga is a powerful deep acting form of therapy. Its effects more profound and longer lasting then those of any modern day allopathic (conventional) drugs. Homoeopathic medicine is an effective therapy that evokes positive physiologic & psychological benefits. The present aims to study using homoeopathic medicine along with yoga for physiologic & psychological problems among old age people. The sample for the study is consisted of 20. Further the sample was divided into two groups 10 men 10 women. Age ranging from 55 to 60 years & 60 to 70+ years & above selected from the population suffering with physiologic & psychological problems. Cornel health index & psychological well-being questionnaire administered to assess the problems. Suitable statistical tests were employed and the results were discussed objective wise.

37. Aging in China

37a. Population Aging and Gerontological Research in China
Peng Du, Renmin University of China

Economic development and family planning policy have been accelerating the process of population aging in China. Between 2000 and 2008, the number of the seniors aged 65 and above rose from 88.1 million to 109.56 million, and the percentage rose from 6.96% to 8.3%. Under the current condition of an insufficient social security and pension system, the huge transient labor force renders a severe blow to the traditional Chinese way of family support for the elderly, revealing a major social problem of home-stay elderly. In 1987, Renmin University of China in Beijing became the first Chinese university to have courses on Gerontology. In 2003, a new specialty in Gerontology was established at Renmin, and both a master's and doctoral degree in Gerontology was created. These programs provide platforms for research on population aging and related problems in China and complement the scientific study of aging. To meet the challenges of aging issues, policies on aging and the new social protection systems have been in progress and the development of the key areas will be introduced.

37b. Long-Term Care Arrangements in Rural China: current Status and Future Development
Bei Wu, PhD, University of North Carolina at Greensboro

Developing long-term care systems for the elderly has become an increasingly urgent policy issue in China, especially in rural areas. This paper provides an overview of the current status of long-term care development in rural China and discussion on the future development of institutional care and its policy implications. Formal long-term care systems are emerging but remain in the preliminary stages of development. Several policy considerations and practical implications deserve further attention: increases in regional and national government funding, integration of long-term care with the acute health care system, and creating more multilevel and multifunctional long-term care facilities with a well-trained and skilled workforce.

38. Virginia's Alcohol and Aging Awareness Group: A Collaborative Effort to Address Substance Abuse in an Aging Population
Constance Coogle, Virginia Center on Aging, Virginia Commonwealth University; Beverly Morgan, Virginia Department of Behavioral Health and Developmental Services; P W Slattum, Virginia Commonwealth University, and S. Ankiel, Virginia Department of Medical Assistance Services

Research translation efforts as well as

community-based participatory learning and action methods have been applied through academic-community partnerships to increase the knowledge and awareness of service providers in agencies serving older adults. Broad-based coalitions can more effectively facilitate prevention and treatment efforts, while shared needs assessment and service planning information aid in the identification of existing service gaps. Responding to an Act of the General Assembly that amends and reenacts the Code of Virginia (Â§2.2-5510) requiring all agencies to address the impact of the aging population, the Virginia Department of Alcoholic Beverage Control established the Alcohol and Aging Awareness Group (AAAG) to focus on the special risks of alcohol and medication misuse and abuse among older adults. From its inception, the involvement of academicians as leaders in the AAAG has facilitated efforts to identify and address informational and service needs. This presentation will highlight the benefits to both the academic and agency partners. The results of data analyses confirming the need for education about this issue among professionals employed in the field of addiction services will also be provided. The advantages for the Commonwealth of Virginia of continued and accelerated activities by the AAAG will be discussed.

39. Can We Talk? The Challenge of Open Communication in Education and Civic Engagement
Harry Moody, PhD, AARP, Washington, DC

The great philosopher Joan Rivers once famously asked "Can we talk?" In the summer of 2009, during the healthcare reform debate, we discovered that, too often, the answer is, no, we can't. We can shout, we can utter cliches, we can make unsupported claims in public. But intelligent debate is hard to carry out. In this session, we look at the critical factors needed to foster genuine "communicative action" (Habermas) in two domains: the college classroom and community settings (e.g., "Town Hall" gatherings). A variety of forces act to limit free and unconstrained communication, including: dogmatism, relativism, propaganda, political correctness, financial interests, media posturing, competitiveness for grades, and even the Internet. This session features a presentation on "Urban Legends about the Old Folks" or "Lies we Tell Ourselves about Aging," aiming at mistaken beliefs cherished even by gerontologists (e.g., "Health promotion saves money," the "Religion is good for your health," the "4 percent fallacy," "Bismarck picked 65 as the retirement age," and so on). We look specifically at methods for promoting debate in the classroom and at lessons learned from the distortions that emerged during the 2009 debate over healthcare reform.

40. The Engagement and Outreach Scholars Academy, A Method for Embedding the Scholarship of Engagement in a University Culture
Beth Velde, OTR/L, PhD, East Carolina University; Jim Mitchell, PhD, East Carolina University and Sharon Rogers, PhD East Carolina University

Too often faculty are not prepared or accurately rewarded for their engagement with communities. Often outreach is confused with engagement. University cultures may lack the cultural artifacts, language, rules, and norms that guide engagement even when the university values extol engagement. At ECU the Engagement and Outreach Scholars Academy (EOSA) addresses these cultural issues. The purpose of this workshop is to engage participants in a sample of the active learning strategies used in EOSA and to provide first- hand accounts of the Academy from the perspective of a scholar and a coach who participate in gerontological research with community partners.

The workshop will include the results of an ethnographic study that investigated the influence of EOSA on the culture of community engagement at East Carolina University and discuss how the results of the study influenced strategic planning. Finally, participants will discuss the differences between an engaged scholarship plan versus a traditional research plan and compare the plan to the system of faculty rewards at their home institution.

41. Utilizing Digital Photographs and Communication Techniques with Older

Adults with Dementia.
Cynthia Hancock, PhD, University of North Carolina at Charlotte; Dena Shenk, PhD, University of North Carolina at Charlotte and Jeena George, University of North Carolina at Charlotte

Service learning is an established part of the gerontology curriculum in many undergraduate gerontology programs, although it varies significantly between programs. In their latest service learning opportunity, undergraduate gerontology students at UNC Charlotte have been utilizing photography in conversations with older persons with dementia. Students are first taught about the effects of dementia on communication, and are trained to utilize several communication techniques and taught to use digital audio and photograph recording. Students then spend ten hours with their conversation partner throughout the semester during which they take photographs, create a photo-ring, and later view that ring of photos with their conversation partner. Students utilize the communication interventions of quilting, go-aheads, and indirect questions while creating and then looking at the photo-rings with their conversation partner with dementia. We have analyzed the data from multiple forms the students complete, the photographs, as well as the transcripts of the conversations. Qualitative analysis indicates that certain types of photographs and interventions seem to elicit the most comfortable conversations. This paper will highlight key findings from this service learning-based research project.

42. Community Engagement in an Online Undergraduate Gerontology Program
Katherine Humber, MA, University of Maryland University College

Online learning has become an increasingly popular vehicle for adult learners who juggle the responsibilities of work and caregiving. For the online learner, community engagement assumes multiple meanings. On the one hand, engagement must take place at the course level between instructors and students. In an asynchronous distance education environment, interpersonal interaction and active learning can be the most challenging aspect of instruction. Best practices for student engagement, particularly with adult learners, are shared with faculty through intensive online training and discipline-specific virtual faculty forums. Other avenues for community-building exist in the form of online student clubs and honor societies which are largely student-driven. Another opportunity for community engagement in gerontology students takes place through internship placements. Even at a distance, online students have been quite successful in finding formal opportunities to work with older adults. Working with a faculty mentor and an onsite supervisor, students apply theoretical concepts learned through coursework to real world settings within their own communities. Most students describe these placements as the most rewarding aspect of the curriculum. Characteristics of online Gerontology students are presented along with techniques for online faculty training and student engagement, including description of a distance education internship program.

43. Effect of Service Learning and Grant Writing on Critical Thinking Among University Students
Shelley Brown, MA, Tennessee Technological University

This paper examines the effect of service learning and grant writing on critical thinking and real world problem solving skills among university students. Students in an introductory gerontology course developed grant proposals for service learning projects related to our aging population. The two best proposals were completed as service learning projects. These projects are described as well as the effect that these projects had on students' critical thinking and real world problem solving skills. A basic summary will be included of each project and critical thinking objectives and how each project met these objectives. I will also describe the process of integrating community providers and the university in a partnership for learning and the organization of service learning in the classroom. I will include quantitative data from pre and post assessments and the CAT (Critical thinking Assessment Test) that demonstrates a positive relationship between service learning, grant writing and critical thinking.

44. A Comparison of Online and In-class Test Performance in Gerontology Courses

Sara Brallier, PhD, Coastal Carolina University; Linda Palm, PhD, Coastal Carolina University; and William Hills, PhD, Coastal Carolina University

Distance course offerings in gerontology and geriatrics education have expanded steadily over the last decade. However, research on effectiveness of distance or online instruction has lagged behind the increasing course offerings. As a part of an ongoing assessment of the Gerontology Certificate Program at Coastal Carolina University we compared test performance in distance and lecture Gerontology courses. The participants were 174 undergraduate students who completed Gerontology courses during the fall 1999, 2000, 2003, and 2004 semesters. During each semester, the same instructor taught a distance section and a traditional lecture section of the course. Students in the distance course took four unproctored online tests while students the lecture course took four proctored in-class tests. Students who took classroom tests scored significantly higher than students who took online tests. Implications of these results for the design and structure of distance and hybrid courses will be discussed.

45. Community Support for Caregivers: Courses for Families and Professionals Engaged in Elder Care

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

It has been clearly documented that family caregivers experience a wide variety of challenges, and thus need resources to assist in their role. Interestingly, much less is known about professional caregivers, and the general assumption is that they receive training and compensation to facilitate their role. A five-week caregiver program offered through the Rosalynn Carter Institute for Caregiving was recently brought to the Commonwealth of Virginia. This program, known as Caring For You, Caring For Me is designed to bring both family and professional caregivers together to learn about and support each other in their respective roles. More than 80 family and professional caregivers have completed this course. Participants have learned about ways to better manage their own care; how to problem-solve with family members; how to manage relationships with healthcare and service providers; and how to access community resources, including respite care. An analysis of participants evaluations, via a pre- and post-test design, provides strong evidence for the value a course such as this can have on improving quality of life for the care recipient and the caregiver.

46. Help for Family Caregivers in the Williamsburg Community: An Assessment of the Effectiveness of Training Programs for Support Group Facilitators

Huy Ho, The College of William & Mary and Christine Jensen, PhD, The Center for Excellence in Aging and Geriatric Health, Williamsburg, VA

A caregivers mental and physical health is often taken for granted and sometimes disregarded due to lack of knowledge and resources available to them in the midst of caring for a loved one. The Caring for Me, Caring for You program, from the Rosalynn Carter Institute for Caregiving, expands facilitators knowledge and resources in caregiving and assists caregivers by offering direct education, support, and linkage with community resources. Dialogue with program facilitators was maintained to examine their greatest needs in successfully bringing the program to the area. Thus, fieldwork was an integral part of the research. Contact with local community services was utilized and information on the demographics of caregivers and interventions were compiled for the most effective outreach strategy, particularly to the low-income population. An evaluation of existing caregiver support groups in the area was also conducted and compiled in a database. was also to assist the research team, research progress and information were documented in a narrative style exposition on a blog. This project offers exciting and novel prospects into the development of important community-based programs, while also providing resources for those in the community who need it most;

caregivers and those who lead caregiver groups.

47. Family Quality of Life in Dementia Care

Ishan Williams, PhD, University of Virginia; Karen Rose, PhD, RN, University of Virginia, and Simona Parvulescu-Codrea, Grad Student, University of Virginia

A diagnosis of a dementing illness affects the entire family unit and the person with the diagnosis. Yet, there is a paucity of studies on the impact that dementia has on the family of the person with the diagnosis. The purpose of this study is to develop and pilot-test an instrument to measure family quality of life in dementia (FQOL-D). The first phase employed professionals with expertise in dementia care and providers of services for persons with dementia and their families, to reach a consensus on items to be included in a FQOL-D scale. Twelve expert health care providers completed three Delphi survey rounds to determine face validity of items that were important for determining FQOL care. Results indicated that 41 items, representing five overall domains, remained: family interactions; direct care/activities of daily living support; emotional/behavioral well-being; physical and cognitive well-being; and disease-related support/medical care. Next, focus group interviews with persons with mild-moderate stage dementia and their family members will be conducted to fully capture their perspectives on FQOL-D. Findings will be used to develop and test a clinically-meaningful instrument to be used to evaluate the effectiveness of interventions and supportive services for families and persons with dementia.

48. Connections: Engagement in Life For Persons with Dementia - A Dementia Intervention Care Project

Ellen Phillips, BS, CTRS, Alzheimer's Association, Central & Western VA Chapter and Barbara Braddock, PhD, University of Virginia

This Community Partnership program between the Alzheimers Association and University of Virginia supports unpaid caregivers facing the unique dilemmas and burdens that Alzheimers disease presents to families. Dementia Intervention is based on a volunteer-training program (training manual provided) developed by Alzheimer's Association and University of Virginia staff. The goals are: To reduce caregiver burden and stress through the provision of education, tools and resources (in-home Activity Centers) designed to enhance the caregiver / care receiver experience and increase confidence in caregiving. To provide Inter-Generational experiences. To provide a successful model of University / Community Partnerships. Graduate and undergraduate students registered in health-related fields are recruited through Internship and Community Service programs. The students attend an 8 hour Dementia orientation and training program and receive the personalized manual. Once training is complete, the students are matched with families dealing with Alzheimers or related dementias. The students visit their assigned family twice a week (for a two- hour visit) for the duration of the semester to set up Activity Centers in the home based on background information gathered from the participant and family.

49. Overcoming Barriers to Care: Identifying and Meeting the Special Needs of Older Adults with Dementia and Substance Use Disorders

Christine Jensen, PhD, The Center for Excellence in Aging and Geriatric Health, Williamsburg, VA; Margaret Anne Lane, M.Ed., Dept of Behavioral Health & Developmental Services; Beverly Morgan, MSG, Dept of Behavioral Health & Developmental Services; Mike Verano, MFT, Sentara Senior Behavioral Health Services; Herman Lukow, MA, The College of William & Mary

Substance abuse by older adults with cognitive impairments is a hidden problem in our society. Substance misuse may be unintentional as older adults may be unaware of the changes to metabolism and other physical conditions which impact tolerance to substances. Adding to the complexity of substance misuse and abuse in older adults is memory loss, which may or may not be connected to the substance use. This symposium will address the unique needs of older adults with both substance use disorders and cognitive impairments and the distinction between these

diagnoses. First, presenters will identify the warning signs and predictors of substance abuse and the frequency of a dual diagnosis with dementia. Second, presenters will identify the types of inpatient and outpatient services currently available in Virginia. Third, an overview of the data collection process utilized to determine barriers in accessing these services will be presented. Finally, presenters will discuss evidence-based programs for addressing these barriers and better serving older adults through an integrative care approach.

50. Hospital Mortality Rate Reporting: Methods and Implications for Geriatrics and Palliative Care

J. Brian Cassel, PhD, VCU Massey Cancer Center; R. Ackermann, Mercer University School of Medicine, Macon, GA; T. Smith, VCU Massey Cancer Center, Macon, GA

Several major entities now incorporate mortality rates in their evaluations of hospital quality and outcomes. These include CMS "Hospital Compare", US News "America's Best Hospitals", HealthGrades, University Healthsystem Consortium, Premier Inc, and Thomson-Reuters "Top Hospitals". Mortality rates are now used to rate and rank hospitals and are increasingly considered as a key indicator for "pay for performance" measurement. The symposium will begin with a review of these entities' methods, which indicates that there is wide variation in the definition and measurement of mortality. This includes significant differences in whether hospice or palliative care involvement is recognized as a possible reason for excluding some deaths from the general equation of "fewer deaths = higher quality". Secondly we will present the results of detailed chart reviews of a series of 85 hospitalizations for pneumonia ending in death. Thirdly we will look at the involvement of palliative care consultative services and designated beds and their impact on hospital mortality. Discussion with panelists and audience will be focused on implications of current methods and recommendations for the fields of palliative care, gerontology, and health services research.

51. College & Community Partnerships: Alliances for Success

Denise Scruggs, MS, MA, Beard Center on Aging at Lynchburg College and Charlotte Arbogast, Lynchburg College

As our neighborhoods age, the role of college centers on aging becomes increasingly more important. Centers can provide advocacy, expertise, information, volunteers and research to promote successful aging and help prepare communities for the 2030 Age Wave. The Beard Center on Aging at Lynchburg College, with a program budget of under $5000, is one example of how a college center can positively impact the community. Through its innovative programs, outreach, and collaborative efforts, the Beard Center has become one of Region 2000s leading aging resources. Not only does the Center offer educational opportunities and leadership for a 54 agency Consortium on Aging, it provides multi-disciplinary service learning and volunteer opportunities that link college students to community issues, opportunities, and careers in aging services. We will discuss the benefits and challenges related to developing a community Consortium on Aging. Potential partners, the college's role, natural leaders, funding resources, and student opportunities, as well as suggestions for replication will be offered. Join us to learn how college and community agencies and organizations can pool their resources and work together to meet local needs and help our localities prepare for the future.

52a. Retirement Benefits Outreach to a Unique Population: Public Employees

Jan Henning, MA, North Central Texas Area Agency on Aging

Wise choices about public and private retirement health benefits and long-term care options will help ensure the sustainability of younger Medicare beneficiaries, but it requires providing information that reaches individuals when they are available to listen. And, it must help them know where to turn to find out how and when benefits may change. Working individuals may be uninformed, misinformed or unsure about basic aspects of retirement benefits and costs of long-term care, even though they may be a caregiver for a loved one. The information provided in this

session is based on a pilot project sponsored by the National Association of Area Agencies on Aging and focuses on educating a specific target population: public employees. They have a significant impact on the residents of their communities, and information about aging issues, benefits and long-term care planning can help them serve the citizens of their communities more effectively and deal with their own retirement and family care-giving issues. This session will help the audience identify ways to target educational opportunities to unique populations, provide ideas about tools to help the audience replicate and sustain their efforts, and share project templates, checklists and handouts.

52b. Local and State Strategies: Creating Person-Centered, Community-wide systems for Benefits Outreach and Enrollment
Kristen Kiefer, M.P.P., National Council on Aging, Washington, DC

With a weakened economy and millions of people with Medicare eligible for, but not yet enrolled in public benefits, developing more seamless systems for getting people into multiple benefits at one time has never been more important. What are local and state organizations doing to collaborate, coordinate, and help consumers access all the benefits for which they are eligible? Join us for thought-provoking discussions about benefits coordination and collaboration at the local and State levels. This session will also tell you more about the work of the federally-funded National Center for Benefits Outreach and Enrollment, including innovative enrollment strategies being used by state and local organizations (including Center-funded Benefits Enrollment Centers), Web-based screening and enrollment tools, and training and technical assistance available to organizations. The ultimate goal is to ensure that community-based, person-centered systems are in place to enroll as many seniors and persons with disabilities as possible. Person-centered systems provide one-to-one assistance from a trusted source, take all of the seniors needs into account, and help them apply for multiple benefits at once.

53. Teaching Gerontology through Interior Design
Meldrena Chapin, PhD, Savannah College of Art & Design

This workshop demonstrates several gerontological concepts and theories introduced to undergraduate interior design students during a residential design studio focused on the design of accessible housing. In addition to identifying the gerontological concepts introduced to students, this presentation aims to demonstrate the accumulation of specific gerontological information on the students part following the completion of this course. Student work and survey results are presented as evidence of the students' understanding of gerontology, specifically the unique needs of elders in regards to creating residential settings, as well as the significance of the meaning home for many older individuals. In addition to demonstrating the general gerontological concepts thought to be most valuable for design students, this session intends to provoke a dialogue into how the multi/inter-disciplinary nature of gerontology allows it to be easily infused into non-gerontological curriculum. Dialogue with other instructors on how gerontology has been infused into non-gerontological specific curriculum is encouraged.

54. The Satisfaction of Korean American Grandparents as Caregivers to their Grandchildren
Youngkyeong Sohn, PhD, University of North Carolina at Pembroke

Social work professionals have been concerned with the psychological well-being of older adults, confronting an aging society. There has been little knowledge in empirical research in the social work field about Korean-American grandparents who provide childcare on a regular basis. This study examined the cultural aspects of multifaceted grandparenting roles based on the Double ABCX model. It explored the stressors related to their aging process and providing childcare, the resources and perception for coping with their aging and caregiving demands as mediating variables between the stressors and the satisfaction. The studies' results verified the importance

of family and social support and their culturally pre-conceived notion of the salience of the grandparenting role. The study highlighted the contributions of the Korean-American grandparents to their immigrant families by providing trustworthy childcare assistance in the successful settlement in the United States. This study shed light on the positive aspect of older immigrant adults as viewing older adults not as burdens on the family but as resources, providing a family a safety net.

55. Older Indian Immigrants in the United States: Examining Exchanges of Support between Generations

Karuna Sharma, MA, Gerontology Institute, Georgia State University and Candace Kemp, PhD, Gerontology Institute, Georgia State University

Within the context of ongoing social and demographic transformation, including trend towards globalization, changing patterns of longevity and immigration, this paper examines the practice of filial piety (respect for and service to elders) and support exchanges between older parents and their adult children in Indian (South Asian) multi-generational families in the U.S. Using a qualitative approach, this paper draws on data from in-depth, semi-structured interviews with 10 older adults in Atlanta, Georgia who immigrated for family reunification and support needs. The aim is to understand older parents experiences in a new culture, particularly the practices of filial piety. Such an exercise is important as sheds light on what it means to grow old in a foreign land. Findings suggest that parents and children continue the practice of filial piety in the U.S. Yet, how it is practiced is often altered to adapt to surrounding cultural norms and arrangements, including childrens work demands and gender norms. Unlike in India, older parents are apt to occupy a space of their own within the multi-generational household. And, in some cases, they maintain financial independence through Supplemental Security Income. Findings have implications for policy and practice with older immigrant adults and their families.

56. Growing Old in America: The Case of Middle-Age Filipino Immigrant Women

Karel Joyce Kalaw, MA, University of North Carolina at Charlotte

This qualitative study explored the individual experiences of four middle-age Filipino immigrant women as they see their forthcoming aging. The study described and examined how they define and construct their would-be selves as they envision themselves aging away from their country of origin. The data were collected through in-depth interviews. Findings revealed that perception on their future selves as it relates to their aging experience is defined by their past and present selves. The study affirms past research that the past and present selves are features of identity-making. It is therefore essential to understand how identity-making as a process is continuously being created and crafted. Once identity is established, perception on their aging trajectories will follow. The themes identified to capture perception of their forthcoming aging were: (1) concept of home; (2) sense of Filipino identity; and (3) expectations. This study showed that perception of one's forthcoming aging is influenced by identity-making in their past and present selves.

57. Cognitive Interviews in the Development of the Self-care Utility Geriatric African American Rating (SUGAAR)

Gina McCaskill, MSW, MPA, University of Alabama and Kathleen Bolland, PhD, University of Alabama

Few valid and reliable instruments that assess diabetes self-care practices among older African Americans with type 2 diabetes have been published. As part of the process for developing a survey to address the need for an instrument, five cognitive interviews using the concurrent think-aloud approach were conducted among African Americans 60 years old and older with type 2 diabetes in Tuscaloosa, Alabama. Participants favorably received the introduction of the Self-Care Utility Geriatric African American Rating (SUGAAR) as a tool for assessing diabetes self-care practices. The survey has been revised based on the suggestions of the participants. The revisions will likely reduce response errors during the upcoming pilot testing and may improve the overall utility of the SUGAAR for future use.

58. Warfarin Use in US Nursing Homes: Results from the 2004 National Nursing Home Survey
Parinaz Ghaswalla, B.Pharm, Virginia Commonwealth University

The prevalence of medical conditions for which warfarin is indicated, such as prevention of stroke in patients with atrial fibrillation, increases with advancing age. Warfarin has a narrow therapeutic index and due to the fear of bleeding complications, this drug may be underused in nursing home (NH) residents with atrial fibrillation. This study determines the frequency of warfarin use in nursing home residents using a large, nationally representative survey of U.S. nursing homes. We also determined the frequency of warfarin prescribing in residents with atrial fibrillation, to determine whether this is an underused drug in nursing home residents. A cross-sectional analysis to examine prevalence patterns of warfarin use. Descriptive weighted analysis and multiple logistic regression used to examine prevalence patterns. The results indicated that from a total of 1.49 million NH residents, 0.15 million received a prescription for warfarin, for an overall prevalence of 9.75%. Race was found to be associated with warfarin prescribing such that non-whites were less likely to receive a prescription for warfarin (OR=0.59, 95% CI = 0.47-0.76). From the total population, 0.14 million residents (9.45%) had atrial fibrillation, from which only 34% were prescribed warfarin. The results from this analysis suggest that warfarin may be an underused drug in NH residents with atrial fibrillation, due to the fear of bleeding complications.

59. The Stigma Associated with "Caregiver:" Overcoming the Reluctance to Accept Help
Kathy Greenwood, BS, Council on Aging of Johnston County and J. Steven Fulks, PhD, Barton College

Although caregiving has become a normative experience in our society, many individuals still are hesitant to turn to others for assistance. This reluctance on the part of the caregiver can and often does have a detrimental impact on the person's mental, physical and financial health. This presentation discusses the reasons individuals may not seek help even when presented with extremely challenging caregiving scenarios. Lessons learned through the establishment and conducting of caregiver support groups is highlighted, and differences between patterns of caregiving exhibited by males and females is discussed. The presentation concludes with recommendations for reaching out to caregivers, and a discussion of what is most effective in assisting family members in the caregiving role.

61. The Experience of Elders and Case Managers During the Medicaid Application Process
Jamie Hershaw, The College of William & Mary

Although Medicaid is beneficial for securing the care that so many people need, many people who require funding do not easily navigate the application process for Medicaid-funded long-term care. Unfortunately, few studies have sought to understand the experiences of applicants as they negotiate the process. This research investigates the experience of elders or their caregivers who are applying for government funding for long-term care. To do so, the researcher identified citizens filing for Medicaid long-term care coverage through the local Department of Social Services in Virginia, and followed cases from the beginning. Interviews were conducted on applicants and case managers to investigate not only what the experience is like for applicants, but also to compare and contrast the case managers' perceptions of the experience of applicants. Learning the Medicaid application process experiences of those in need of long-term care can be beneficial through multiple applications. In addition, there is a need for further support for case managers as they interact with clients and their families.

62. Driving Cessation in Older Adults
Lindsey James, BS, University of North Carolina at Wilmington and Candace Ashton-Shaeffer, PhD, LRT/CTRS, University of North Carolina at Wilmington

Driving an automobile is an essential aspect of daily life, as well as a right and a privilege. The decision to give up that privilege and

when to do so is faced by many older adults. Age-related declines in physical abilities, expenses related to automobile up-keep, and availability of alternative transportation all play into this difficult decision for the individual and his or her family. The purpose of this study was to investigate the meaning of giving up ones driving privileges, how that decision is made, the impact the decision has on one's life, and older adults thoughts on ways to enhance transportation systems to help them remain safe drivers for as long as possible. Grounded theory and qualitative research methods were used with a theoretical sampling of adults aged 65 and above, some who were still driving and some who involuntarily or voluntarily were not. Constant comparison data analysis techniques were used to elicit themes from the narratives of the focus groups. Four main themes emerged from the data: (a) instrumental and existential meanings associated with driving, (b) stereotypes/ stigmas, (c) issues with current license renewal policies, and (d) roadway design and traffic laws. Policy recommendations are made.

63. Measurement of Adherence to Antihypertensive Medications in Older Adults Using Self-report method compared to Prescription Fill records

Priyanka Kakad, PhD, Virginia Commonwealth University

Objective: To evaluate the level of agreement between two self-report measures of medication adherence viz. Morisky Medication Adherence Scale (MMAS) and Brief Medication Questionnaire (BMQ) and adherence measured by prescription refill records in hypertensive older adults aged 65 and above. Methods: Thirty two independently-living older adults, taking at least one antihypertensive medication, residing at a retirement community in Richmond, Virginia were recruited. Participants were interviewed using the MMAS and BMQ questionnaires. The 6 month prescription refill records for antihypertensive medications were obtained from Plaza Professional Pharmacy and adherence rate was assessed by calculating Medication Possession Ration (MPR). Participants were deemed adherent if they had an MPR â‰¥ 80%. Agreement statistics was assessed using kappa (Îº) statistic. Results: Poor level of agreement was found between prescription refill records and MMAS (Îº = -0.004), BMQ belief screen (Îº = -0.09), BMQ regimen screen (Îº = -0.09), and BMQ recall screen (Îº = -0.004). Substantial agreement was found between MMAS and BMQ regimen screen (Îº = 0.79) and BMQ recall screen (Îº = 0.87). Conclusion: Self-report measure of adherence exhibited poor agreement with prescription refill records in hypertensive older adults. Two self-report measures of adherence showed agreement between each other.

64. Coping Strategies as a Moderator Between Optimism and Quality of Life Among White and Korean American Elderly Females

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

There is an emergent concern for ethnic elderly females (65 years of age, or older), regarding coping strategies as a moderator between personality and quality of life (QOL). Data were collected from 124 Korean American and 124 White elderly women who were participated in wellness centers in a southern urban area. They were asked questions regarding their personalities, ways of dealing with stress, and QOL. The results revealed that personality and coping both had an impact on the QOL for both groups. KAs were less affected by personality than their white counterparts, regarding the QOL. Each group had different coping methods that had strong associations with the QOL. Moreover, either optimism or coping skill, or both were related to the QOL as a main effect and/or an interaction. For White, the interaction between venting and optimism was related to QOL, while for KAs the avoidant coping like self-blame had an interaction effect with optimism and was associated with QOL. The results suggested that culturally sensitive intervention in gerontology should be encouraged; training staff on unique issues of this ethnic elderly female group and reassessing existing programs based on the academics efforts.

65. The Intention to Save for Retirement: A Look Over 20 Years

Irene Leech, PhD, Virginia Tech; Chih-ling Liou, MA, Virginia Tech; Chung-wen Hsu, MA, Virginia Tech; and Bryce Jorgensen, MS, Virginia Tech

The American population is aging and there will be less workers contributing money for retirees through Social Security. It is increasingly important for individuals to save themselves for retirement. However, according to the 2004 Retirement Confidence Survey, two in five workers say they are not too willing (19 percent) or not at all willing (15 percent) to cut back on their spending in order to save for retirement. In order to uncover factors that influence peoples intention for saving, this study was conducted based on the Fishbein Behaviorial Intentions Model which assumes that attitudes and subjective norms could predict intentions (Ajzen & Fishbein, 1980). This study is a 20-year follow-up which will help us explore differences in the intention to save for retirement after 20 years. Data will be completed by the end of December. The analysis will uncover the differences and continuum of intention to save for retirement over 20 years. This information will provide researchers, policy makers, and financial planners with a picture of current attitudes on saving for retirement and information about how individuals™ intention to save for retirement has changed over 20 years.

66. Bridging the Reality and Theory of Elder Care: One family's journey
Blakely Lyles, Barton College and J. Steven Fulks, PhD, Barton College

In the summer of 2008 my grandfather died of complications related to Parkinsons Disease and a stroke. Over a five year period of decline he resided in an array of supportive residence options. This presentation highlights the features and ideal offerings of each option Assisted Living, Long-term Care and a transitional care facility to the aspects which proved most important and valuable to the family. My undergraduate preparation includes a minor in Gerontology providing a foundation for theory and academic assessments of specific areas including family caregiving. This preparation has assisted, but ultimately is hypothetical. Observations from our familys caregiving journey interpreted through the framework of a gerontological foundation, justifies the opportunity for a unique assessment of each venue experienced. The divide between what is considered appropriate state of the art amenities and what ultimately makes a difference in the quality of care provided is explored and detailed. Suggestions for improving the delivery of care and increasing the awareness of how to best meet the needs of individuals and their families are presented.

67. Internship Experiences: Pros, Cons, Outcomes, and Insurance
Amanda May, BS, University of North Carolina at Greensboro and Brittany Singhas, BS, University of North Carolina at Greensboro

Internships are an integral part of an applied gerontology program. Internships provide students with opportunities to apply their coursework knowledge to real-life situations. As part of the University of North Carolina at Greensboro Gerontology Program, all students are required to complete internships. Two graduate students will present multiple aspects of their internships, including the pros and cons of their experiences, locating and negotiating potential internships to advance career goals, internship proposals, internship outcomes, and using the internship for building networks. The speakers will draw from their personal internship experiences at the Piedmont Triad Council of Governments Area Agency on Aging in Greensboro, North Carolina and the Tennessee Commission on Aging and Disability in Nashville, Tennessee, as well as other graduate students internship experiences. Another topic the students will cover is the frequently overlooked internship insurance, which is an effective and affordable way to protect students during their internships. Finally, the speakers will discuss how internships and portfolio development enhance their career/job search.

68. Prevalence and Predictors of Inappropriate Prescribing among Elderly Inpatients in India
Maitreyee Mohanty, PhD student, Virginia Commonwealth University

Purpose: To determine the prevalence and predictors of potentially inappropriate prescribing in elderly patients in a tertiary inpatient setting.
Method: In this one-year prospective observational study, 805 randomly selected patient 60 years admitted to the hospital during August 2008-April 2009 were included. Data was collected by chart review method. Evaluation of prescriptions for potentially inappropriate medication (PIM) was performed using the Modified Beers Criteria 2003. Relative Risk, determined by using CAT-maker software, was used to identify the predictors of inappropriate prescribing.
Results: Eight percent (n=68) patients received at least one PIM, out of which five patients received more than one PIM. Amiodarone (48%), Digoxin (12.3%), Amitryptyline (6.3%), Cyproheptadine (5.5%), Nifedipine (5.5%) and Clonidine (4.1%) were the commonly prescribed PIM. Average number of medication prescribed to elderly inpatients was 12.2Â±0.19. Advanced age, gender, number of diagnosis, number of medications and length of hospitalization were associated with greater likelihood of inappropriate prescribing.
Conclusions: Inappropriate prescribing of PIM was prevalent in elderly inpatients in a tertiary care setting in India.
Keywords: elderly, inappropriate prescribing, Beers Criteria

69. Partnering in Long Term Care (LTC): A Dedicated Learning Unit for the BSN Student
Kereen Mullenbach, RN, PhD, Radford University and Virginia Burggraf, RN, DNS, FAAN, Radford University

This program will: identify an academic link with LTC facilities for an evidence based clinical practice for student nurses; identify the impact upon the quality of care in residents; address the improved competencies of student nurses, with RN preceptors, in a LTC environment.
The purpose of a Dedicated Learning Unit(DLU)is to provide an in-depth student immersion in LTC with RNs as student preceptors. The authors will discuss this in depth through the pre and post test of students and their RN preceptors. This initial pilot research not only enhanced student competencies but also defined an ongoing partnership among multiple facilities and follow-up research with future partnerships in SW VA.

70. Ability to Achieve Recommended Physical Activity Guidelines Based on Objective and Subjective Measures is Dependent Upon Level of Physical Function
Anne O'Brien, MS, University of Georgia

The 2008 Physical Activity Guidelines recommend older adults accumulate 150 minutes of moderate exercise/week. The CHAMPS, a self-report questionnaire, and the Step Activity Monitor (SAM), an ankle mounted pedometer, are valid measures of physical activity in older adults. The Continuous Scale Physical Functional Performance (CS-PFP10) is a valid, performance-based measure of function in older adults. The purposes of this study were to determine the correlation between the CHAMPS (total kcal/week) and SAM (average steps/day) and to determine the effect of physical function on physical activity. The hypotheses were that the CHAMPS (total kcal/week) and SAM (average steps/day) would be significantly correlated and lower functioning individuals would show significantly lower physical activity. Participants (n=75, 78.5 years Â± 7.5) were stratified by CS-PFP10 scores: low: <47 (n=40); moderate: 47-58 (n=19); high: >58 (n=16). Using ANOVA, a significant correlation was found between the CHAMPS and SAM (r=.354; p=.002). CS-PFP10 and SAM (steps/day), but not the CHAMPS, were statistically different (p<.05) across groups: low (28Â±11, 7286Â±3220); moderate (53Â±3, 9837Â±4083); high (70Â±9, 12058Â±2717). The SAM may detect light physical activity that goes unmeasured by the CHAMPS. Functional limitations may make it difficult for low functioning individuals to meet the Physical Activity Guidelines.

71. Age Differences in the Influence of Positive and Negative Healthcare Messages
Andrea Shamaskin, B.S., Virginia Commonwealth University

Although valenced healthcare messages influence impressions, memory, and behavior (Levin, Schneider, & Gaeth, 1998) and the processing of valenced information changes with age (Carstensen & Mikels, 2005), these two lines of research have thus far been disconnected. This study examined impressions of, and memory for, positively and negatively framed healthcare messages that were presented in pamphlets to twenty-five older adults and twenty-four younger adults. Older adults relative to younger adults rated positive pamphlets more informative than negative pamphlets and remembered a higher proportion of positive to negative messages. However, older adults misremembered negative messages to be positive. These findings demonstrate the age-related positivity effect in healthcare messages with promise as to the persuasive nature and lingering effects of positive messages. The results have implications for methods of presenting healthcare information to older adults, as well as exploring how valence can play a role in patient-physician communication and aspects of treatment adherence.

72. The Role of Scholarship of Engagement in University Personal Decisions

Jim Mitchell, PhD, East Carolina University; Laurie Kennedy-Malone, University of North Carolina at Greensboro; Nancy Gutierrez, University of North Carolina at Charlotte, and Lorin Baumhover, Appalachian State University

73. Through Humor and Insight, We Will Look at the Politics and Policies that Impact Older Americans

Laura Feldman, BGS, The National Committee to Preserve Social Security and Medicare, Washington DC

We will gain a new perspective on the workings and importance of entitlement programs by taking a look at the past, present and future of Social Security, Medicare, Medicaid and Health care reform.(Assuming something has passed into law) We will explore and explain the entitlement programs and their future in the context of history and ideology.

74. Aging and Disability Resource Centers: Empowering People to Navigate Long-Term Health, Supports and Service Systems

Barbara Ettner, PhD, The Lewin Group, Falls Church, VA and Katie Roeper, Assistant Commissioner, Virginia Department for the Aging

Since 2003 Aging and Disability Resource Centers (ADRCs) have been part of a nationwide effort to restructure service systems so that older adults, people with disabilities and family members can efficiently and effectively access long-term care (LTC) information, services and supports. Nearly 40 percent of the U.S. population now lives in an ADRC service area where people can access LTC information, assistance and supports via the phone, internet and/or in-office or in-home visits. ADRCs seek to facilitate person-centered long-term care planning and consumer-directed, community based care by engaging in five core activities: 1) providing comprehensive information about LTC options; 2) supporting decision-making through options counseling; 3) streamlining access to services; 4) facilitating person-centered transition planning; and 5) evaluating activities and engaging in quality improvements. This workshop will describe ADRC program implementation as well as successes, challenges and lessons learned for the future. The session will present Virginia's experience implementing its ADRC program, the No Wrong Door initiative and will describe its related statewide interactive LTC information website, Virginia Easy Access. Presenters will engage participants in a discussion of ADRC programs and other LTC systems change activities that are ongoing in their states.

75. Housing First: Permanent Housing and Comprehensive Services for Elders Experiencing Homelessness

M. Lori Thomas, PhD, MSW, MDiv, University of North Carolina at Charlotte and Katie VanArnam, LCSW, Virginia Supportive Housing

Research on the health of the homeless population suggests that aging begins 10 to 20 years earlier for homeless adults than for

adults in the general population. When older adulthood among the homeless is defined as age 50 and above, approximately one quarter to one third of the homeless population are classified as elders. Older homeless adults experience higher rates of chronic health, mental health, and substance use disorders than do younger homeless adults and older housed adults. Recent research has documented the success of the *housing first* model in ending homelessness among chronically homeless adults while comprehensively treating mental health and co-occurring substance abuse disorders through Assertive Community Treatment. This workshop will use an aging lens to explore the housing first model as implemented in *A Place To Start*, a program of Virginia Supportive Housing in Richmond, Virginia. The workshop goals are 1) to identify the characteristics and particular needs of aging homeless adults with serious and persistent mental illness and substance use disorders; 2) to introduce the housing first model implemented by Virginia Supportive Housing; and 3) to discuss the implications of the model for an aging homeless population, including necessary modifications to better serve aging clients.

76. Online Dating in Middle and Later Life: Gendered Expectations and Experiences

Summer McWilliams, Florida State University

An increasing number of single middle-aged and older adults seeking partners has encouraged a proliferation of online dating websites targeting this segment of the population. However, previous research largely ignores the involvement of adults in middle and late life, including the role of gender in shaping their online expectations and experiences. Using semi-structured interviews with 16 adults aged 53 to 74, this study examines the influence of gender on presentation of self in the online setting, the evaluation of potential romantic partners, and the goals of dating. Both genders attempt to convey youthful images, but women focus on their fun and active lifestyles while men present themselves as financial and occupational successes capable of enjoying leisure pursuits. Although youthful characteristics are desired by both genders, physical attractiveness is more highly valued by men than women. Men view their task as sifting through a large pool of eligible partners, unlike women who encounter fewer options. Women and men also differ in their desired goals of dating; while men are seeking a committed relationship, women are looking for companionship without demanding caring roles.

77. Aging at Arm's Length: A Qualitative Examination of Middle-Aged and Older Women's Distancing from Old Age

Anne Barrett, PhD, Florida State University

Given the cultural devaluation of the elderly, particularly older women, few in midlife relish the thought of growing older. However, we have a limited understanding of specific social psychological strategies of managing the aging self. The present study addresses this issue by drawing on semi-structured interviews with middle and older aged women (n=53). Analyses reveal a focus on distancing oneself from old age. This paper explores five distancing strategies: engaging in activities associated with youth, including childhood; maintaining youthful identities; postponing perceived markers of old age; making self-enhancing comparisons with older women of earlier cohorts; and maintaining a belief in personal controllability of aging. Although less common than distancing, two other strategies were observed: active resistance of negative stereotypes of older women and an embrace of positive aspects of aging, including liberation from demanding caring roles occupied in earlier life. The paper concludes with a discussion of the possible implications of the various strategies for cultural change in images of older women, as well as consequences for self-conceptions and well-being in middle and later life.

78. All Talk and No Action: The Disconnect Between Language and Practice of Sexual Freedom in Assisted Living Facilities

Elisabeth Burgess, PhD, Georgia State University; Alexis Bender, MA, Georgia State University; Christina Barmon, MPH, Georgia State University and J. Lloyd Allen,

MSW, Georgia State University

Older adults are frequently choosing assisted living facilities (ALFs) for long term care because they offer a more homelike environment. Although choice and control are emphasized, they may in fact be very limited, especially in terms of sexuality and intimacy. Contrary to stereotypes, many older adults are interested in intimate and sexual behavior. However, their behavior may be hindered by access to partners, health status, and their environment. We conducted interviews, focus groups, and participant observations with administration, staff, family members and residents in three ALFs in a metropolitan area. Using grounded theory methods we found a disconnect between administration, family members, and staffs use of language regarding residents rights which imply complete sexual freedom and their actual behavior. Overwhelmingly, staff recognized sexuality and intimacy to be central to residents autonomy. However, similar to previous research, we found that autonomy may be hindered by staff who often defer to family members rather than residents. Furthermore, we found that in order to maintain a peaceful environment, staff employ a number of strategies in order to manage interpersonal relationships thereby limiting sexual expression.

79. The Impact of Staff Training in a Nursing Home Setting on Knowledge of and Attitudes Toward Sexuality in the Elderly

Jennifer Lumpkin, PsyD., Hunter Holmes McGuire VA Medical Center, Richmond, VA

As the Baby Boom generation ages and the number of elderly individuals increases, psychologists and geropsychologists play an essential role in the treatment of the elderly. However, when treating elderly individuals, sexuality is often minimized or ignored. Geriatric sexuality is a sensitive issue that becomes further complicated when introduced into a nursing home setting as nursing homes are generally not conducive to, or receptive of, expressions of sexuality in its residents. Staff training was conducted with 35 individuals in two nursing homes in rural, western Pennsylvania. Twenty individuals agreed to participate in the study and complete a questionnaire and take part in a short interview at the time of pretest and posttest. There was a significant difference in the number of reported sexual behaviors from pretest to posttest and there was also a significant difference in attitudes toward geriatric sexuality from pre to posttest. While there was not a significant increase in knowledge of geriatric sexuality, the trend suggested that the staff training had a positive impact. The results of the present study demonstrate that staff training programs can be beneficial.

80. Quality of Life Impacts of Adopting Precision Agriculture Technology on Older Farm Equipment Operators

LaVona Traywick, PhD, MA, University of Arkansas and Terry Griffin, PhD, University of Arkansas

Key informant interviews were conducted to determine how global positioning systems (GPS) navigation technologies such as lightbars and automated guidance have impacted elderly and disabled farmers. The primary objective of this study was to explore health risk behaviors among farm equipment operators and to report how GPS guidance technology affects their quality of life including farm safety and injury incidence, satisfaction regarding production, management, and efficiency of farming, and the health, quality of life and family/farm business dynamics. Ten Arkansas farmers, farm equipment operators, and agricultural service providers using GPS guidance were recruited to be "key informants." Key informants were interviewed with open-ended questions to obtain information in the five domains. Previous studies have reported agronomic, economic, or environmental benefits of GPS guidance; however, other safety, health and social aspects of GPS guidance are not well investigated, particularly safety, injuries, health-related problems, and quality of life among farm equipment operators. Observing the intangible outcomes from GPS guidance among farm operators, our study showed how the technology improved their quality of life. For example, some aging farmers suffering from neck or shoulder problems operated equipment for several more years with GPS guidance.

81. Living Memories of Oppression: A Continuing Student Project
David Dran, PhD, University of North Carolina at Pembroke

The effects of globalization and attendant job loss, the changing mix of ethnicities from migration, and the aging of the population have brought changes in the rural landscape of North Carolina. Undergraduate social work students in a narrative gerontology class interviewed older members of a highly diversified rural North Carolina community as part of a continuing qualitative study to assess these changes. Ethnicity of the twelve interviewees included Native Americans, African Americans and Caucasians, and included those of the Boomer generation. This year students uncovered themes related to vivid living memories of oppression and the positive and negative effects of desegregation as perceived by their interviewees. In some communities, interviewees also recounted unforeseen effects of desegregation efforts resulting in declines of cohesion and safety. Many students remarked that they came away from their interviews with a better understanding of the life-long effects of discrimination. In the process, students discovered much about their own communities and culture and how both are changing. Plans include involving graduate students from a newly designed rural social work course to work with undergraduates in continuing assessment of how rural character is changing as Boomers approach retirement.

82. Elderly Care Provision by Rural NGOs in Lithuania: From Voluntary Groups into Self-Financing Social Services Organizations?
Gabriele Ciciurkaite, MA (c), East Carolina University

The paper investigates new development in rural community movement in Lithuania attempts by a growing number of rural grass roots groups to transform themselves into self-financing social service organizations focusing on elderly care provision. We position our study in an intersection of three areas of scholarship: (1) elderly care restructuring in post-socialist Lithuania and introduction of managed competition in social services provision; (2) changing European Union and the national government and voluntary sector relationships with transformation of rural NGOs into the state partner in delivering rural elderly care; and, (3) studies that focus on rural communal organizations and their transformation in leadership, management style, expertise, recruitment, and performance as they undergo transition into income earning ventures. To illustrate establishment of social enterprises in rural Lithuania we focus on rural community development center in a village of Balninkai (pop. 496) which in 2008 got funding from the county municipality and European Union to convert closed village kindergarten into assisted living facility for elderly. We analyze the process of decision making and strategies adopted by Balninkai Community Center (BCC), its interactions with local and county municipalities, national ministries and EU authorities, difficulties and successes of BCC building into self-financing social services organization. We compare and contrast government-run with community-based elderly care facilities in rural areas in terms of demand, scope, and quality of services provided and discuss implications of BCC experience for long-term elderly care restructuring in rural Lithuania.

83. Abuse and Neglect of Older Adults: A Critical Analysis of Factors Affecting Perceptions of Professional Preparedness in Rural Communities
Victoria Curtis, PhD, Radford University

Adult abuse and neglect in later life is not a new health phenomenon. Yet the rise in numbers over the past few years of victims referred for professional help makes one think otherwise. As a consequence, the once silenced health issue has been once again revived and coined the new health problem facing families today and has fueled much consternation among professionals as to question their own perceptions of adequacy around caring for and working with older victims of abuse and neglect. The ramifications for the rising rates of abused older adults compounded by the current economic state, a failing health care system, the lack of a universal standard or model for identifying elder abuse, and the mere fact that people are living longer have revealed a

far greater challenge for today's professional serving older adult victims of abuse and neglect, particularly in rural regions. Study: The purpose of this study was to determine what factors influence professionals' perceptions of preparedness in working with abused older adults. Little is known about abuse and neglect from the perspective of the working professional, especially in rural America. Method: This study utilizes multiple methods consisting of a 26-question survey questionnaire followed by six focus group interviews of professional participants. Feminist standpoint theory feeds the analysis from the perspective of the professional. Findings: More than half of the participants reported little or no access to resources, budgetary constraints, lacked legal knowledge and resources; felt their academic training was inadequate for preparing them to work with aging clients. This study was made possible by a grant from Radford University.

84. Methodological and Theoretical Issues in Applied Research on Aging
Jim Mitchell, PhD, East Carolina University; Victor Marshall, PhD, University of North Carolina at Chapel Hill; Don Bradley, PhD, East Carolina University; and Bob Konrad, PhD, University of North Carolina at Chapel Hill (discussant)

Those engaged in applied research on aging are often confronted by methodological and theoretical challenges. This symposium is intended to stimulate interest in applied research on aging by presenting and discussing some of these challenges. Each presentation features a different view of applied gerontology. Presentations begin with Dr. Bradley's discussion of challenges associated with multi-wave secondary data. Dr. Marshall begins his presentation on application of theoretical principles in policy formation by suggesting that policies that affect the life chances of older adults are often ill-informed, from the perspective of gerontologists. He offers examples of the misuse or inadequate use of concepts drawn from a life course perspective on aging as well as examples of positive connections between theory and policy development. Dr. Mitchell concludes the symposium with discussion of the importance of clear concept definition and measurement in applied research. He draws from several examples to illustrate that confirmatory factor analysis can be a useful tool to define and explore the relevance of subdimensions of constructs important theoretically and for practice.

84a. Applying Aging and Life Course Theory to Policy
Victor Marshall, PhD, University of North Carolina at Chapel Hill

Peoples life courses are shaped by social institutions (both public and private) that are, in turn, the products of policies and policy failures. Yet most policies that structure the life chances of people as they age are not made by people with theoretical or substantive expertise in aging and life course issues. Nor are they made with the interests of older people being primary. For example, the shape of national pension systems is determined more by the interests of the business sector than direct concerns for the economic security of older people. Gerontologists do not design pension systems. Some institutional players cherry-pick concepts and data from gerontological studies in pursuit of an agenda in policy debates. This paper gives some examples of the misusage or inadequate use of aging and life course concepts, as well as some examples of positive connections between theory and policy development. Examples will be taken from the area of aging veterans health care and socio-political concerns about economic strains associated with population aging.

84b. Methodoligical Challenges in the Study of Later Life Migration: Assessing Community Impacts
Don Bradley, PhD, East Carolina University

The present analysis highlights obstacles to an empirical assessment of later life migration impacts for receiving communities. It is argued that impacts for receiving communities are contingent on the spatial distribution of migrants. For example, the environment impact of elder in-migrants should depend on the extent to which they represent demand for new housing in close proximity to ecologically sensitive areas. Yet, available data offer limited spatial information at the micro level so that elder

in-migrant impacts cannot be fully evaluated. Moreover, the impact of later life migration flows should depend on the shifting needs and behavior of the migrants themselves over time. The services demanded by the elder in-migrant community will depend in part on whether in-migrants age-in-place or make an out-bound assistance motivated move. Available microdata from the Census Bureau do not identify in-migrants, who have resided in the receiving community for more than five years. The impact of the in-migrant community is not measureable using these data, as it is only recent migrants who are identified. Large panel data do not generally offer enough cases to assess variation across communities in the long-term impact later life in-migrants. Implications for policymakers and suggestions for future research are discussed.

84c. Concept Definition and Measurement in Applied Research on Aging: Critical but Often Overlooked
Jim Mitchell, PhD, East Carolina University

Researchers seldom devote adequate attention to assessment of the definition and the measurement of abstract multidimensional constructs. Whether they are analyzing secondary or primary data multi-item measures are typically defined in a cursory fashion and their composite measurement is stated. This presentation draws from various analyses to illustrate that construct measurement is not always as it appears. Guided by in-depth interviews, an investigative team determined that religiosity must be conceived initially and measured to capture variability in a generally religious population. This presentation illustrates the use of principal components confirmatory factor analysis to identify subdimensions of religious belief important for intention to pursue breast cancer screening and, ultimately, for survival. The presentation also illustrates that dimensions of service use confirmed by the same analytical method have differential theoretical significance. Finally, first-wave Americans Changing Lives data are used to show that subdimensions of depression make a difference in its prediction among older adults. Each of these examples is grounded in the importance of elaboration through careful attention to the measurement of concepts important theoretically and for practice.

85. Art and Community Engagement
Dana Bradley, PhD, Western Kentucky University; Laura Stephenson, PhD, University of Kentucky and Katharine Daneski, PhD, Bronglais Hospital, Wales

In this symposium, we take an interdisciplinary look at the role that art can play in capturing the experience of old age and aging. We explore ways of using the arts to engage citizens, discover the challenges and opportunities of aging in a community and develop inclusive strategies for community change. We will show that effective use of the arts in community planning can take many forms and act as a catalyst for meaningful discussion and creative community growth. Our objective is to explore how participatory art can lead to a deeper understanding of realistic aging in communities undergoing rapid demographic change. The panelists recreate the creative energy experienced by community members as experienced by diverse age groups. Katherine Daneski will explain how short digital stories stimulate debate. Laura Stephenson will explain how elder generated photographs are an effective catalyst to help the community address its challenges and Dana Bradley will discuss how a photographic exhibition of international elders brought together members of a diverse community. The panelists conclude by discussing the themes of realistic aging reflected in the presentations and opportunities for crafting a deeper understanding of community through creativity.

86. Driving Cessation for Persons with Dementia: Who Decides and How?
Jodi Teitelman, PhD, Virginia Commonwealth University and Al Copolillo, PhD, OTR/L, Virginia Commonwealth University

The decision to have a family member cease driving due to dementia is one of the most poignant and emotional that caregivers make, given the instrumental and symbolic role of driving in maintaining independence. Caregivers must weigh the ethical considerations of personal/public risk versus

respect for individual autonomy to make this complex decision objectively and with confidence. This workshop will focus on the decision-making process, beginning with a description of what is known about the components involved. Research on stakeholders involved in decision-making will be covered, as well as the objective and subjective factors influencing this process. Existing driver impairment checklists and guides appropriate for use by caregivers will be shared, along with a screening tool developed by occupational therapy graduate students for this purpose. Remaining workshop time will be used as a forum for participants to share their own personal/professional experiences in this area, including successes and unresolved issues, and to propose future directions in research and service support for families involved in the driving cessation decision.

87. Impact of Hospice and Dementia Special Care Units on End-of-Life Care for Individuals with Dementia

Catherine McCarty, MA, University of South Florida; Debra Dobbs, PhD, University of South Florida and Victor Molinari, PhD, University of South Florida

In the nursing home setting approximately 50-75% of residents have a diagnosis of dementia. Many of these individuals die in nursing homes. End-of-Life (EOL) care for individuals with dementia is provided in three settings, hospice care, Dementia Special Care (as expressed in Dementia Special Care Units) and traditional care. Hospice provides EOL care for individuals with dementia regardless of nursing home setting. Both hospice and Dementia Special Care Units (DSCU) are models of care with improved outcomes. Research on hospice care shows care benefits such as decreased hospitalization, pain and dyspnea when compared to traditional care. DSCU research has found improved outcomes such as increased personalization, and decreased social withdrawal and cognitive decline when compared to traditional dementia care.
Using Structure-Process-Outcome theory, this study analyzed the structure and process factors of hospice and DSCU versus traditional care to determine their association with the outcome factor of better EOL care scores. Results include a positive association between Comfort at Death and Satisfaction with Care scores and enrollment in both hospice and Dementia Special Care. The process factor of a strong inter-disciplinary moderates the association between better EOLD scores and enrollment in these gold standards of care.

88. Trends in Age, Sex and Race Differences in End-of-Live Care in Nursing Homes

Brandon Wallace, PhD, Middle Tennessee State University

Today, about 25% of all deaths in the US occur in nursing homes. By 2020, this figure could be as high as 40%. Providing quality of end-of-life care for dying nursing home residents is essential. Previous research has documented improvements in end-life-care in nursing homes, but also identified discrepancies in that care by age, sex, and race. Using Minimum Data Set data from approximately 25,000 residents who died over a 5 year period (2005-2009) in 100 nursing homes from two for profit corporations, this paper investigates trends in end-of-life care by age, sex, and race to determine if recent improvements have impacted residents equally. Multiple regression is used to assess the effect age, race, and sex on six end-of-life care variables-presence of a terminal diagnosis, hospice care, DNR orders, do not hospitalize orders, care restrictions, and tube feedings-while controlling for changes in care over time. Preliminary findings suggest significant differences by age, race, and sex exist and in many instances these differences have increased over the past 5 years. Possible explanations for these patterns and implications for the future are discussed.

89. A New Paradigm for Detecting Adverse Drug Reactions in Older Adults

Ronald Lucchino, PhD, Utica College

Increasing the quality of life and reducing health care costs are the two main goals of any initiative in health care reform. One of the major contributors to health care costs are adverse drug reactions to medications which affect 1.5 million people each year

and cost between $76.6 and $177 billion annually.
It is difficult to anticipate who will suffer an ADR, when, and from which medication. Unrecognized or untreated adverse drug reactions result in behavior problems, falls, acute dementia and other health care issues increasing health care costs and reducing quality of life. The current approach to identifying ADRs, the Pharmacy Management System (PMS), uses the deductive methodology, focusing on the medications a person is taking and attempting to deduce which of the associated ADRs may contribute to observed changes in older individuals. This is not an effective approach when dealing with many medications. A new paradigm, the Medication Alert System, uses a prospective inductive algorithm focusing on the observed changes in an individual and, by induction, matches those changes with the ADRs associated with the medication(s). This presentation will discuss this new algorithm for reducing cost and increasing quality of life.

90. Adaptive Physical Activity: A Community-based Model for Addressing the Exercise Needs of Older Adults with Chronic Illness
Sarah Chard, PhD, UMBC and US Department of Veterans Affairs, Baltimore, MD

Among older adults, a preponderance of evidence suggests that exercise plays a pivotal role in improving function and reducing the risk of secondary conditions for those with a chronic illness. Exercise benefits can be found even for conditions previously considered intractable, as in the case of long term stroke. This paper reports on a community-based exercise program that is designed to increase function and improve quality of life among persons with post-acute stroke and other chronic health conditions. The Adaptive Physical Activity (APA) program was initially developed in Empoli, Italy. The program's success led to a pilot study in senior centers in Howard County, Maryland. This paper explores the design and structure of the APA program and examines the social and economic factors that have contributed to the programs popularity and clinical success. The U.S. APA pilot project also involves a partnership between the University of Maryland, Baltimore County, the Baltimore VA Medical Center, and the Office on Aging in Howard County, Maryland. This broad collaboration represents a model for expanding targeted community-based exercise opportunities for a wide range of older adults with chronic health conditions.

91. Realistic Recreational Activities for Older Adults
Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama and Faye McHaney, DNP, University of Alabama – Birmingham

Older adults are a unique cohort. There is tremendous difference in physical ability and cognitive function between individuals after age 50. No two older adults are alike and recreational activity will depend on the interests and functional level of the individual. Along with physical activity it is necessary to embrace mental stimulation with activities such as volunteer work after retirement. Puzzles and reading, watching TV, meeting friends for outings, and perhaps continuing adult educational offerings are also excellent activities to pursue. Involvement with family and community is necessary to keep one young and vital because humans have a need for companionship throughout life. And yes, it is something of a cosmic joke that at the time in life when we want to ease off and do some couch potato time it is in fact the time we least need to even think about it. If work, family responsibilities, or illness have limited activities, one can still improve overall health. When looking for fun activities there is no need to reinvent the wheel. An activity doesn't have to be labeled for seniors to work. The older adults unique capacity and limitations will dictate the appropriate activity for that individual.

92. From Research Subjects to Community Partners: How Outreach Built Engagement with the Dementia Caregiving Community in Eastern North Carolina
Sharon Rogers, PhD, East Carolina University and John Rhodes, BS, East Carolina University

Although there is much research that documents the benefits of exercise for adults with dementia, the evaluated outcomes are researcher-driven and no studies could be located that explicitly stated caregivers expectations for or interest in a physical activity intervention for their care recipient. In order to design and deliver an effective and sustainable intervention, caregivers expectations and insights are meaningful. In order to understand caregivers interest in a community-based exercise program for their care recipient, researchers and staff of the local senior center invited caregivers to participate in focus groups at the senior center. This approach resulted in a lack of participation from the caregiving community. Yet, as caregivers and service providers within the caregiving community learned of researchers' interests and ideas, they were motivated to become more involved with researchers and have since engaged researchers within the caregiving community. In addition, the senior center, currently unable to support or permit the participation of persons with dementia, initiated a partnership with researchers with hopes of serving a population they are currently unable to serve. The focus of the presentation will be shared experience and lessons learned from forging these multi-dimensional community partnerships.

93. Impacts on Health Outcomes for Older Adults Living with Chronic ACS Disease

Shannon O'Connor, MA, University of Maryland at Baltimore; Vicki Lamb, PhD, North Carolina Central University; Robert Wortham, PhD, North Carolina Central University and Dana Greene, PhD, North Carolina Central University

Obesity-related diseases, also known as ambulatory-care sensitive (ACS) diseases, require continuous monitoring and regular outpatient care. If not actively managed, ACS diseases often lead to poor health outcomes. This study examines impacts on health outcomes for older individuals living with chronic ACS diseases.
Cross-sectional data from the 2004 National Long Term Care Survey were analyzed using SAS version 9.1.3. The sample included 3,933 community-dwelling individuals 65 years or older. Respondents were included if they reported having one or more ACS conditions, including obesity, diabetes, arteriosclerosis, heart attack, heart problems, hypertension, and circulation trouble. Independent variables included demographic factors, ADL measures, socioeconomic variables, health care coverage variables, and measures of continuity of care. Models were constructed to isolate effects of socioeconomic and insurance coverage variables on overnight hospitalizations.
Individuals with a history of diabetes, heart attack, or heart problems had a higher likelihood of hospitalization. No significant differences were observed among socioeconomic factors, even after controlling for demographic variables and disease indicators. Respondents having Medicare or private insurance had a higher risk of being hospitalized, and those having utilized emergency care services in the past month were more than twice as likely to experience hospitalization.

94. Black Vision Impairment, Falls, and Black Vision Impairment, Falls, and Disability

Rosalie Otters, PhD, MSW, D.Min, University of Arkansas at Little Rock and James F. Hollander, J.D., M.S., Texas Instruments

Vision impairment is a devastating disability for all older adults, both physically and psychologically, often leading to falls and terminal decline. Moreover, the Baltimore Eye Survey (1990) shows older Black Americans have about twice the age-adjusted rate of vision impairment of White Americans. Both the National Study of Black Americans (NSBA, 1979-1992) and the Supplement on Aging (SOA, 1994-1996) include vision impairment in national studies. The NSBA (1979) studied 746 Black Americans aged 50+; the SOA had 9447 older adults aged 70+. In the SOA for those aged 70+, about 14% of Black Americans had vision impairment, the same as White Americans. Yet in the NSBA, almost 14% of Black Americans aged 50+ had vision impairment, increasing to almost 20% as early as age 60+. A logistic regression using the NSBA data shows that for Blacks aged 50+ vision impairment triples the odds

of one's having disability. A weighted logistic regression using the SOA data finds that for 621 Blacks aged 70+ vision impairment quadruples the odds of disability, and falls further double those odds. Community-based disability prevention and interventions are strongly supported by this multiple nationwide evidence.

95. Should Epilepsy Patients be Treated for Dementia?
Simona Parvulescu-Codrea, MSN-CNL (c); Ishan Canty Williams, PhD, University of Virginia, and Karen Rose, PhD, University of Virginia

Alzheimer dementia and temporal lobe epilepsy with mesial temporal sclerosis share a common anatomic-pathology, namely hippocampus atrophy. The goal of the present literature review was to determine whether or not the cognitive decline associated with temporal lobe epilepsy is similar to Alzheimer dementia. Currently, there is a broad consensus that time means neuron. This means that chronic epilepsy with recurrent seizure activity begets significant alterations of the brain functions. A narrative approach was used to review articles published between 1915 and 2009 with particular attention to the clinical similarities between patients with Alzheimer dementia and patients with temporal lobe epilepsy and cognitive decline. Primary sources of relevant articles included electronic databases, such as PubMed. There were no articles describing similarities and differences between Alzheimer dementia and the cognitive decline associated with temporal lobe epilepsy caused by hippocampus sclerosis. Accordingly, we would like to propose a clinical study, which based on neuropsychologic testing and clinical manifestations, should describe if there are any indices which should prompt the clinicians to treat the epilepsy patients with Alzheimer drugs. Future studies should also try to clarify whether dementia drug treatments would slow down or reduce the impact of seizures on ones cognitive decline.

96. Psychoneuroimmunology: A Framework to Understanding Fatigue and Frailty in Community Based Elder Research
Pamela Parsons, PhD, RN, GNP, Virginia Commonwealth University

Understanding symptom burden related to fatigue and the complex mechanisms between frailty and neuroendocrine biomarkers that affect immune response is in its infancy. Recognition of frailty as a syndrome that interacts with fatigue, and the important role of associated symptom management in chronic illness care is paramount as the population continues to grow. There is an especially significant gap in studies in this area that address populations that are socio-economically weak and predominantly African American as well as studies that address the context of the community living environment. Psychoneuroimmunology (PNI) provides an integrating paradigm as we move towards an understanding of the complex interaction of frailty, fatigue, neuroendocrine biomarkers and related symptoms within the context of social environment. The PNI conceptualization is presented here as a useful framework to guide community based research related to fatigue and frailty. Understanding factors related to fatigue provides information to develop interventions that may delay disability and improve quality of life while delaying institutionalization for these elders.

97. Is Gerontology a Profession?: A Reexamination of the Evidence.
Saybah Reed, Barton College and Helen Urie, Barton College

In 2008 a presentation was made at the North Carolina Conference on Aging which begged the question “Is Gerontology a Profession?” This question was raised in a nursing class at Barton College which challenged the students to look into whether or not Gerontology is really a profession based on the criteria referenced in the nursing profession. After much debate among ourselves, and with many professionals at the conference, we felt that he question deserved another look. We are now revisiting this question by researching deeper into the topic and most of all into the appropriate criteria that qualifies a profession. Our focus will be on what is the

appropriate criteria, what supports the choice of criteria; and what evidence was used in our decision making process.

98. Adapting to Aging in Place: An Assessment of Residential Living Facility Residents' Physical Activity Program Expectations

Maggie Roe, BS, Western Kentucky University and Dana Burr-Bradley, PhD, Western Kentucky University

Village Manor is medium sized independent retirement community in rural Kentucky. When the community was built in the late 1980â€™s, designers did not anticipate residents long term physical activity needs. In order to meet the needs of current and future residents, both resident physical activity levels and their expectations were examined. The Physical Activity Scale for Elderly (PASE) was administered (n = 23) to develop a profile of current physical activity. One focus group was held to develop themes relating to residents' current physical activity program desires. Results showed that compared to the theoretical physical activity recommendations for this age group (mean age = 90; 83-104), residents current activity levels were less. At the same time, their desires for specific physical activity programs (type, length, intensity) were not being met. This presentation concludes with recommendations for fitness area enhancement to increase the likelihood of residents meeting proposed physical activity levels.

99. Assessing Impact of Community-created Monogram Booklets for Spouses and Friends in Alzheimer's Units

Mary Ann Spake, RN, BSN , University of North Carolina at Charlotte and Boyd Davis, PhD, Gerontology and Applied Linguistics, University of North Carolina at Charlotte

This presentation assesses the impact of a technology-supported dementia communication intervention on agitation and perceived well-being. The intervention, a power-point slide booklet, is a conversation-supporting tool that could contribute to improved quality of life and sense of well-being both for persons with dementia, and for family members and friends who create, provide voice-over, and personalize the booklet, using Montessori techniques for hands-on work (Skrajner & Camp, 2007). Each booklet has approximately 6 slides, with the first slide being the recipients' name and initial letter. Some slides feature photos of animals and actions and the others display family-related photos. Booklet creators were spouses and friends in an assisted living community paired with a dementia care unit. Six unimpaired designers and six impaired recipients met with researchers for conversation, creation, display, and assessment. Participants at both sites completed the Well-Being Picture Scale and had heart rate/wrist pulse rate taken at beginning and end of each conversational session. All sessions were recorded and analyzed for themes keyed to need-driven, dementia compromised behaviors (Kovach et al, 2005). Findings are being analyzed for transcript themes and potential correlation with decrease in pulse rate and increase in perceived well-being.

100. Suggested Policy Revisions for Long Term Care - from a Financial Planner's Aspect

Steven Studebaker, MBA, CPA, CFP, WealthCare, Naples, NC and Elizabeth Tait, PhD (c), University of North Carolina at Charlotte

Both Assisted Living and Long Term Care, in the United States, are priced and dispensed on the private fee for service medical business model. The rapid growth in aging populations has distorted both the use of these care facilities and is overtaxing their attendant staff to provide adequate services. We have created a two-tiered system for Long Term Care: private pay for those with personal resources, and public pay through Medicaid for those without. Public pay for the majority of need is unsustainable as currently structured; less than 6% of Americans make personal financial preparation for Long Term Care. This study compares existing LTC financing structures, current discussions and literature on Small Residences, with analysis of relevant healthcare answers moving through Congress and proposals by stakeholders including State governments and the National Association of Insurance Commissioners. Suggested policy revisions include expanding the Medicaid / Private

LTC Insurance Partners program as nationally coordinated with mandatory individual savings plans.

101. Silver Linings in Natural Disasters: Changes in Older Adults' Perceptions
Marisa Sullivan, MA, Louisiana State University; Jennifer Silva Brown, PhD, Drury University; Jenny Denver, MA, Louisiana State University; Mark Erwin, BA, Louisiana State University; John Bruner, Louisiana State University, and Katie Cherry, Louisiana State University

Following the 2005 hurricane season, participants in the Louisiana Healthy Aging Study (LHAS) were asked about the impact of Hurricanes Katrina and Rita on their lives (Cherry, Silva, & Galea, 2009). There were two waves (immediate impact and subsequent impact) of testing. Participants were middle aged adults between the ages of 45-64 years, older adults between the ages of 65-89 years, and oldest-old adults 90 years of age and older. One open ended question inquired about silver lining or positive outcomes, the ways in which people impacted by a natural disaster found silver linings. Findings from wave 1 indicate a central focus on the individual's situation and impact on their immediate family. Wave 2 results indicate a more prominent focus on society at large, including the city of New Orleans and state of Louisiana. These results provide new insight into older adults ability to see the silver lining in a natural disaster. Implications for post disaster recovery will be discussed.

102. Ethnic, Gender, and Income Differences in Praying for Health among Older Women and Men: Results of a National Survey
Elizabeth Tait, MHS, University of North Carolina at Charlotte and Sarah Laditka, PhD, University of North Carolina at Charlotte

Gerontologists increasingly note the importance of religion and spirituality in the lives of older persons. Praying for health is the most commonly used form of Complementary and Alternative Medicine. Little research has examined variation in praying for health among population groups. We examined praying for health among women and men ages 50+ using data from the 2007 National Health Interview Survey (10,104 respondents). Analyses included chi-square and multivariate logistic regression, accounting for the survey design and weighted for national representativeness. Ethnic groups were non-Hispanic African Americans, Hispanics, Asian Americans, and non-Hispanic whites (whites). Controls included age, education, marital status, health insurance, comorbidities, body mass index, and region. In multivariate analyses, African Americans (Odds Ratio, OR 2.99, Confidence Interval, CI 2.50-3.57) and Hispanics (OR 2.01, CI 1.61-2.49) were more likely than whites to report praying for health in the past 12 months. Women were much more likely than men to report praying for health (OR 1.86, CI 1.65-2.10). Individuals with low income were notably more likely to pray for health than those with higher income (OR 1.74, CI 1.34-2.28). Findings suggest considerable variation in use of prayer for health, which may complement or substitute for conventional medicine.

103. Community Action Through Conference Participation
Lindsie Webster, East Carolina University and Sharon Faircloth, East Carolina University

Professional programs, such as occupational therapy, are mandated by accreditation standards to meet all the educational requirements of the profession. Typically, this will requires higher credit hours than typical master's degree programs and a lock-step program. Clinical courses are geared to learning the needed professional skills to pass national certification exams. However, there are unique opportunities for community action with university professional programs. This poster will describe such an example. In September 2009, five occupational therapy students, under the supervision of their two instructors, planned and executed three 90-minute presentations at a national conference. The Myositis Association annual conference was attended by approximately 200 individuals with myositis as well as their caregivers. The poster will describe the preparation of the students, their description of the presentations, and

the response of the participants. Their sessions were completely filled and the interaction between participants and students was positive for all who participated. The poster will describe how this model could be used for any group of professional students at other conferences for individuals with a variety of disabilities, what was learned, and how the model could be improved to maximize learning as well as doing community action outreach.

104. Improving Visual Comfort for Elderly Residents through Successful Daylight Integration in Senior Living
Lauren Hargrave, University of North Carolina at Charlotte

Poor quality light is a concern in senior living residences, as it may negatively affect the comfort and well-being of elderly residents, especially due to the increased glare sensitivity which accompanies age. This research aligns with my graduate thesis work on how the built environment can respond to specific visual needs of the elderly population through sophisticated integration of daylight in senior living. The focus of this study is on issues of glare, both in terms of residents' perceived comfort and computer-based glare assessment. This study incorporates elderly residents' perceptions of their luminous environments into discussion of visual comfort, through focus groups with residents, shadowing a resident, and a daylighting field study of an existing senior living residence. The focus groups addressed overall perceived comfort and discomfort, presence of natural light, activities performed, and furniture arrangement. The methodology includes high dynamic range imaging, computer-based simulation, and glare assessment. HDR images were taken on site, and then a computer-based verification model enabled the simulating and cataloging of the impact of design changes on lighting quality. This research aims to provide methodology for prediction and evaluation of glare and an example of how architecture can respond to the needs of the elderly population.

105. Publishing Applied Research in Gerontology Journals
Malcolm Cutchin, PhD, University of North Carolina at Chapel Hill and William McAuley, PhD, George Mason University

In this session, the editors of The Gerontologist and the Journal of Applied Gerontology discuss their views about the changing scope and role of applied gerontology, how that is reflected in their journals, and what it means for researchers and authors. The goal of the session is to provide insights as well as points for discussion with the audience about these and associated topics. Within their remarks and the ensuing discussion, Drs. McAuley and Cutchin hope to clarify what their current editorial policies and interests are. They also hope to assist potential authors develop a better understanding of the current review process and what publishable manuscripts do that set them apart.

106. A Unique University-Community Partnership: Four Interconnected Programs Fostering Well-Being and Independence While Providing Multidisciplinary Education and Research Opportunities
Kate Barrett, MSW, LCSW, Orange County Department of Aging; Racquel Daley Placide,MD,UNC Center for Aging and Health; Carol Giuliani,PT,PhD, University of North Carolina at Chapel Hill; Jan Gerard, MSW, LCSW, Orange County Department on Aging;Vibeke Talley,OTR/L,Orange County Department on Aging

Most adults want to age successfully in place, maintaining functionality and quality of life while avoiding hospitalizations and institutionalization. The Orange County Department on Aging and UNC Chapel Hill Schools of Medicine and Pharmacy collaborate to develop programs that screen for obstacles to independence, such as mood disorders, cognitive impairment, fall risks, and home and lifestyle risk factors. By offering early screenings and evidence-based interventions in easily accessible settings, university and community collaborations benefit the community and provide opportunities for service, research, and education. This symposium describes four community programs: A wellness clinic focusing on memory, mood, and mobility. A multidisciplinary staff (geriatrician, pharmacist, physical therapist, social worker, and occupational therapist) provides

screenings, individual consultations, and referrals for follow-up interventions. An exercise class conducted at Senior Centers based on an evidence-based program for seniors at falls risk. A preventive home visit program focusing on individualized recommendation for home safety and maintaining activity and participation at home and in the community. A Senior Center counseling and behavioral health intervention program focusing on decreasing depression in older adults.

107. Dementia or Depression? Assessment, Treatment, and Pharmacological Considerations in Older Adults

Suzzette Chopin, MS, MBA, Virginia Commonwealth University; Jenifer Menzel Lumpkin, PsyD, Virginia Commonwealth University; Deanna Flora, BS, Virginia Commonwealth University; Suzanne Padgett, BS, Virginia Commonwealth University; Patricia Slattum, Pharm.D., PhD, Virginia Commonwealth University; Cassandra Pasquariello, EdM, Virginia Commonwealth University; Andrea Shamaskin, BS, Virginia Commonwealth University and Bruce Rybarczyk, PhD, Virginia Commonwealth University

J. M. Lumpkin (Neuropsychologist, Richmond, VA) & S. M. Chopin (VCU). It might not be dementia: The role of neuropsychological assessment in the accurate diagnosis of memory loss.
D. S. Flora (VCU), S. E. Padgett (VCU), & P. W. Slattum, (VCU). Dementia and Depression in Older Adults: Pharmacological Considerations.
C. D. Pasquariello (VCU), A. M. Shamaskin (VCU), & B. D. Rybarczyk (VCU). Behavioral Treatments for Depression and Dementia in Older Adults.
DISCUSSANTS: S.M. Chopin, J. M. Lumpkin (both VCU, Richmond, VA).
Depression and dementia can present in surprisingly similar ways in older adults, and accurate diagnosis is key to appropriate treatment. Often, when older adults become forgetful or confused, dementia is suspected. However, the cause may be other conditions, some of which are highly treatable. Using a case composite, this symposium will address neuropsychological evaluation, differential diagnosis, treatment interventions, and pharmacological considerations. First, presenters will focus on how neuropsychological assessment aids in differentiating dementia from depression. Second, presenters will provide an overview of behavioral interventions for dementia and depression. Third, because older adults may be affected by medications differently than their younger counterparts, responses to pharmacological interventions and adverse drug reactions unique to the elderly will be discussed.

108. Promotion of Community Engagement through the Dissemination of Matter of Balance throughout North Carolina

Jane Painter, EdD., OTR/L, FAOTA, East Carolina University and Linda Miller, MA, Centralina Area Agency on Aging

Falls are the leading cause of fatal injuries in North Carolina (NC) and the 2nd leading cause of non-fatal injury hospitalizations for adults 65 years of age. Though only 12% of NC adults were 65 years of age in 2007, they accounted for 76% of fall-related deaths. Further, by 2030, 75% of NC counties are projected to have more people 60 years of age than those 18 or younger. This shift will result in a falls epidemic unless health care professionals and Area Agencies on Aging become proactive by promoting community engagement through evidence-based fall prevention programs such as the fear of falling community education program, Matter of Balance (MOBÂ®). This lay leader program offers valuable lessons to seniors regarding fall prevention strategies and addressing ramifications of falls and fear of falling. The spring of 2008 there were only 4 MOBÂ® master trainers in N C and today there are 27 master trainers strategically placed throughout the state. Lay leaders continue to be trained in order to dispense the MOBÂ® course throughout the State. This workshop will discuss through lecture and audience participation how MOBÂ® has been strategically implemented, disseminated, and its fidelity monitored throughout NC.

109. Senior Centers: Emerging Models

Manoj Pardasani, PhD, Fordham University and Peter Thompson, Executive Director,

Senior Center, Inc., Charlottesville, VA

Nationally 16,000 senior centers play a critical role on the aging continuum of care by supporting community-dwelling older adults and providing a diverse array of recreational, nutritional, health and social service programs. Faced with growing competition from other providers of older adult services, as well as the increasing heterogeneity of the aging population, senior centers find themselves at unique cross-roads in their evolution as organizations. While many senior centers have reported declining participation and public funding, a few have re-designed and re-conceptualized their organizations to meet the challenges of the new millennium. However, there is very limited data on new, thriving and innovative models of senior centers across the nation. This presentation will discuss the results of a nationwide study undertaken to identify emerging models of senior centers and evaluate their impact on the communities they serve. Applying a multiple-case study approach to a national survey sample, eight emerging models were identified by members of the New Models Taskforce (NMTF), a project sponsored by the National Institute of Senior Centers (NISC). This presentation will highlight the defining characteristics of each model and provide case examples for each model. The potential impact of each model will also be illustrated.

110. Promoting Frontline Worker Advancement: Systems change in Healthcare Organizations

Jennifer Morgan, PhD, University of North Carolina at Chapel Hill and Janette Dill, MA, UNC Institute on Aging

Frontline healthcare worker (FLW) jobs are among the fastest growing occupations in the U.S. (Bureau of Labor Statistics, 2007). Unfortunately, a large proportion of jobs in the frontline healthcare sector are bad jobs, with low pay, few medical benefits, and few opportunities for promotion (Kalleberg, Reskin, & Hudson, 2000). In this study, we explore systems change within healthcare organizations as they adopt organizational policies and practices that promote frontline worker advancement. The data used for this study include 345 key informant interviews, 34 FLW focus groups, and 23 frontline supervisor focus groups conducted at 30 exemplary and diverse health care employers throughout the United States. Data were collected as part of the national evaluation of the Jobs to Careers initiative funded by the Robert Wood Johnson Foundation and Hitachi Foundation. Our analysis suggests that organizations are creating career ladders and better jobs for frontline workers through changes in three key areas: human resource policies (e.g., providing tuition remission so that FLW will not have up-front educational costs), organizational culture and management practices (e.g., creating supportive supervisors), and work processes (e.g., learning through job tasks and responsibilities).

111. Exploring Culture Change in Pennsylvania: A Long Term Care Community Partnership

Mary Ligon, PhD, York College of Pennsylvania and Kelly Niles-Yokum, PhD, York College of Pennsylvania

The state of Pennsylvania has the second highest proportion of elders of any state in the U.S., second only to Florida. Given the demographic rational and the increased demand for a person-centered environment, it is important to evaluate current practices and explore new innovations in the provision of care. To that end, York College of PA has entered into a partnership with a local not-for-profit social service agency which has several long term care facilities in south central PA. This multi-phase project includes the following dimensions: 1) organizational assessment and evaluation of current care practices, 2) recommended implementation strategies and education of staff on methods of person-centered care, and 3) and outcomes assessment. Students and faculty are working collaboratively to collect initial data on the project. This session will address phases one of the project, providing outcomes of the organizational assessment and current care practices, and exploring readiness for change from both the provider and consumer perspective.

112. Enhancing the Emergency Department Care of Older Adults: A

Community Hospital-University Partnership
John Schumacher, PhD, University of Maryland

Emergency department (ED) care of older adults has received increasing national attention over the past two decades, however, widespread changes in ED organization, training, care, and procedures for the care of elders have generally not been implemented. This paper uses a case study method to describe the recent innovative development and opening of a dedicated Senior Emergency Care unit within a suburban, Washington, DC community hospital in partnership with the Center for Aging Studies at the University of Maryland, Baltimore County (UMBC). It reviews the evolution of the partnership, concrete areas of collaboration, and the lessons learned in its implementation. Key clinical and non-clinical indicators tracking the care of older adults in the ED setting are identified and assessed. In conclusion, it suggests concrete recommendations for other emergency departments and universities evaluating how to respond and prepare for the rapidly growing older adults population in their community.

113. Caregiving Role as a Contributor to Depression: Middle-aged and Older Adults in Korean Disabled Families
Janice Wassel, PhD, University of North Carolina at Greensboro and Hey Jung Jun, PhD, Yonsei University, Korea

Understanding the consequences the role of caregiver to a disabled family member is an increasingly important private and public issue. Guided by a life course role-identity perspective, this study examines the role of caregiving as a contributor to depression in caregivers. Gender differences were evaluated, and the processes through which care-providing may lead to higher level of depression. Family relationships, marital relationships and relationships with children were hypothesized to independently mediate the effects of the role of caregiver on depression. This research used nationally representative data (the first wave of Korea Longitudinal Study of Aging 2006). The sample for this study consisted of KLSA primary respondents (N=10,254) who were 45-year old and older. Depression was measured by CES-D10. Multivariate regression analyses revealed that the depression impact of the role of caregiver was different for women and men. That is, the caregiving role was a strong contributing factor to depression in women but not for men. Results also suggested that, for women care-providers the caregiving role exerts a negative influence on marital relationships, thus further contributing to depression. But relationships with children were found not to be a significant factor in the effects of the role of caregiver on depression.

114. Reintegrating Aging Veterans: Lessons from Veterans Affairs Canada
Rebecca Matteo, MA, Wake Forest University and Victor Marshall, PhD, University of North Carolina at Chapel Hill

This paper is an extension of research developed for Veterans Affairs Canada (VAC). Original studies by the authors focused on the needs of VAC clients upon release from military service in the specific areas of health care, continued education, and economic security (through both retirement planning and job-skills transfer into the civilian labor force). A unique focus of the research concerns the effects of mental health disability (particularly post-traumatic stress disorder - PTSD) as a barrier to the transition to civilian life. This issue is becoming increasingly pressing in the United States, particularly because PTSD is not considered an operational stress injury here, as it is in Canada. Rather, the US depends upon a more rigid classification of benefits eligibility through both a clear diagnosis of PTSD and an established link to a stressor during military service. Current efforts by VAC to assist reintegration are spearheaded by the Gerontological Advisory Council, which focuses on developing policy and service programs for Canadas aging veterans. Furthermore, VAC is in the process of establishing a Mental Health Committee. Implications for program development in the US will be considered using the achievements of VAC policy and services as a model.

115. In What Way is Culture a Factor in the Use of Benzodiazepines among Older Women?
Sarah Canham, MA, University of Maryland

The cultural backdrop against which older women interact with their physicians, receive prescriptions for benzodiazepines, and experience and become dependent on these medications has been largely ignored in prior research. However, culture does shape how a person understands their health and illness and how persons behave, including the social consequences of use and whether one follows instructions regarding their health and medications. The guiding question of this paper is, What about an older woman's culture predisposes her to an increased risk of benzodiazepine use or dependence? In-depth qualitative interviews were conducted with older women in order to better understand this question. Findings indicate that unique life experiences may lead older women to interact with their culture in different ways and to experience and interpret medications differently. Also, the cultural backdrop against which older women interact with their physicians, receive prescriptions, and understand their health and illness is important. Gaining more intimate knowledge of the individually-mediated manner in which older women consume and experience potentially addictive medications can help to identify potential strategies for enhancing well-being in later life as well as develop some conclusions that may help ameliorate dependency.

116. Gathering Data with Difficulty-to-Reach Populations: Techniques that Work
R. Turner Goins, PhD, West Virginia University; S. Melinda Spencer, PhD, University of South Carolina; Keith E. Whitfield, PhD, Duke University; and Thomas R. Konrad, PhD, University of North Carolina Chapel Hill

This symposium consists of presentations describing approaches to conducting research with four distinct difficult-to-reach populations for gerontological research. The populations to be discussed include older lesbian, gay, and bisexual older adults, African American twins, direct careworkers, and American Indian tribes and their elders. The first presentation will discuss a research project that used primarily the internet to identifying, recruit, and survey lesbian, gay, and bisexual older adults. The second presentation will discuss unique approaches necessary to identify, recruit, and study health and aging among African Americans twins. Third, a presentation will be given describing research with direct careworkers in diverse long-term care settings. The last presentation will discuss the development of a relationship between an academically-based researcher and an American Indian tribe and the implementation of a study with the tribes elders. Together, the presentations will provide practical information generated from each of the researchers experiences with respect to recruitment and retention strategies for these unique study population groups. These researchers will provide details on how their own research projects were able to successfully obtain access to their specific populations, lessons learned, and study findings.

116a. Lesbian, Gay, and Bisexual (LGB) Older Adults: Applying the Craft Model to Overcome Research Challenges
S. M. Spencer, University of South Carolina; J. H. Patrick, West Virginia University; and K. M. Hash, West Virginia University

The difficulties associated with conducting research with older lesbian, gay, and bisexual (LGB) individuals have been well-documented. This project describes a conceptual approach to overcome these challenges and recruit and retain older LGB research participants. The CRAFT model consists of five separate components: Communication with the LGB community to determine the most socially-relevant research issues; Responsibility in the ethical treatment and protection of participants and timely dissemination of results to the LGB community and mainstream media; Access, which entails outreach to key gatekeepers and stakeholders in the LGB community and respect for organizational boundaries; Flexibility, through employment of a multi-method recruitment strategy to maximize the projects quality and impact, and Technology, primarily the Internet, to enable older LGB adults to maintain privacy, meet new people,

connect with support services, and participate in research. Each component of the CRAFT model is illustrated through case studies and published empirical research.

116b. Just the Two of Us: Identifying and Interviewing African American Twins
K. E. Whitfield, Duke University and C.L. Edwards, Duke University Medical Center

One approach to examine the origins of individual differences in aging is to utilize the twin method. This particular methodology has not been used much with African American twins. Health disparities experienced by this population demands alternative approaches to successfully use the twin method to study aging in African Americans. The goal of this paper is to describe unique approaches necessary to study health and aging among African Americans twins. To this end, we will discuss The Carolina African American Twin Study of Aging (CAATSA). This study included 706 interviews of African Americans age 22-92. This sample includes twins, surviving members of non-intact twin pairs, and siblings. The presentation will focus on the negotiation with family members for contact information of twins needed for successful recruitment, childhood separation issues, and the impact of powerful others in the recruitment and interview process. The impact of mortality among twin pairs will be examined and the utility of using the sample as a population based study will also be discussed.

116c. The Direct Careworker: Moving Beyond Definitions by Negation
T. R. Konrad, University of North Carolina at Chapel Hill

Nearly 3 million socially disadvantaged women help older and disabled clients in diverse long-term care settings and employment arrangements while often intermittently employed for low wages. These relatively invisible workers must overcome negative definitions imposed by 3 powerful institutions: professional guilds, employers, and states. Their legitimacy is challenged as nursing labels them "unlicensed, assistive personnel." Their bonding with colleagues and clients is undermined by corporate rationalization--task unbundling, part-time work, and short staffing. State regulation impedes careworkers' integration, segmenting similar workers under different regulatory regimes, defining workers negatively rather than by educational attainments and competencies. This presentation describes some examples of how these workers are becoming a positively valued unified occupation: "direct careworkers" by challenging this triple negation and collaborating with workforce intermediaries, public authorities, labor unions, culture change and consumer advocates, philanthropic organizations and government interagency groups. Collective advancement requires that careworkers demonstrate their role in strengthening quality care while addressing the limitations that each of the 3 institutional sectors place on them. Coordinated reform of licensing, purchasing, and workforce development policies can reflect and reward careworkers' true social contributions.

116d. Conducting Research with American Indian Communities: The Native Elder Care Study
R. Turner Goins, West Virginia University

There is an absence of adequate data on the health of older American Indians, which may compromise future efforts to improve and maintain their health through appropriate interventions. One barrier to obtaining data on American Indians is a legacy of insensitive and self-serving research. This paper describes the collaborative relationship between an American Indian tribe and an academic-based investigative team and the study design and methods of the Native Elder Care Study. This study was cross sectional and used in-person interviewer administered surveys with a random sample of 505 community-dwelling individuals aged 55 years or older who were members of the Eastern Band of Cherokee Indians. The Native Elder Care Study was a successful collaborative between a tribe and an academically-based investigative team. The study generated in-depth health information for the tribe about their older members, which was used by tribal leadership to make decisions about tribally-delivered elder services and programs. Most researchers are unaware of expectations from and

required approvals from tribes that they want to study. The strength of this collaborative relationship included its ability to aid the population of study as well as the scientific community.

117. Is the Geriatrician an Endangered Species?
Richard Lindsay, MD, University of Virginia, Emeritus

As we confront the aging of the United States and the staggering number of citizens involved, it is an appropriate time to examine the longevity of and possible extinction of geriatricians.. The discussion will review where we are and how we got there and the critical steps that must be taken from the manpower standpoint to survive the aging tsunami. In light of the heated debate surrounding health care that has been consuming the country and since at this time we are unsure of the eventual content of the health reform legislation todays discussion will also include an update as relates to geriatric manpower. Since 1988 when the certifying exams for geriatrics were approved by the American Board of Internal Medicine, the American Academy of Family Medicine and the American Board of Psychiatry the numbers of certified geriatricians have steadily declined. I will examine the some of the reasons why this has occurred. The discussion will also cover geriatric medicine training programs, their success or failure and suggest some needed changes to return geriatrics to a popular career choice among medical school graduates. The presentation will also cover the critical role of primary care in geriatrics and U. S. health care.

118. Snoezelen?: What Is It and Can It Help Persons with Dementia?
Jodi Teitelman, PhD, Virginia Commonwealth University and Lory Phillippo, M.P.H., OTR/L, Circle Center Adult Day Services, Richmond, VA

Snoezelen rooms and environments were first developed in the Netherlands to provide stimulation to calm or energize children with developmental disorders and has since been extended to older adults with dementia. Although increasingly popular in geriatric facilities in the United States, actual evidence of their effectiveness, while promising, is limited. This workshop will begin with an explanation of the Snoezelen concept and a review of literature, including the few outcomes studies that exist. Next, procedural aspects of administering sessions will be discussed, highlighting a Snoezelen room developed last year at a non-profit adult day services center. The Center's room is equipped with one anti-gravity and one arm chair, and capability for introducing a variety of visual projections and olfactory, tactile and auditory stimuli. The room is used by persons with late-stage dementia who appear to need either soothing or energizing to engage in self care and activity participation. Clients visit the room one or two at a time with a Snoezelen-certified staff member. Pre- and post-session notes document changes, and an outcomes study is currently being planned by occupatonal therapy graduate students. Finally, examples of stimuli appropriate for use with persons with dementia will be shared with workshop participants.

119a. Patient Rights, Ethics, and Refusal of Treatment
Rebecca Bigoney, MD, MediCorp Health Systems, Fredericksburg, VA

The right of the patient with capacity to refuse medical treatment is well established by both legal and ethical guidelines. This presentation will review those guidelines, along with some of the paradigm cases in the literature, then look in more depth at some of the challenges posed by patient refusal of medically indicated treatment. These include questions about the capacity and mental health of the patient or of the decision-making surrogate, concerns about coercion, and the importance of assuring adequate communication for true “informed refusal.” Distinction must be made between the strong, negative Right to Refuse Treatment and the positive, much weaker Right to Demand Treatment. The practitioner faced with a patient refusing treatment may experience moral distress and may benefit from reframing the situation into one that emphasizes continued fidelity to the patient, with a focus on what we can do rather than what we cannot do.

119b. Women and End of Life: Gender Differences in Care Needs
Joyce Varner, DNP, GNP-BC, GCNS, University of South Alabama and Faye McHaney, DNP, University of Alabama – Birmingham

Women, like men, die just once. so why are we concerned with gender differences? Due to a greater survival rates, the look of worldwide longevity has assumed a female face. Within the oldest-old age groups (over age 95) women outnumber men four to one and women and men in our culture tend toward a different experience as death approaches. The reality of life's end varies widely in terms of age, location, and attending conditions, all of which are determined in large measure by gender. Many older women in America face the end of their lives in ways that are fundamentally different from men in that they tend to suffer from multiple chronic problems yet linger for many more years than men. They do so in a medical culture that intrinsically is not designed to meet their special and often overwhelming needs. Within the context of this lack of knowledge and infrastructure, families, and community based social service agencies struggle to provide safe and comfortable living arrangements, social, emotional, and spiritual support, and help with finances, transportation, meals, and daily personal care. Understanding the fundamental differences provides for an opportunity to gear care to women at end of life.

120. Research in the Community
Maria McDonald, MA, East Carolina University and Jim Mitchell, PhD, East Carolina University

This paper is an analysis of how research is used in the community, specifically Gerontology research. We wanted to see if individuals in the community are truly being helped by research or are they being used as tools. When researchers conduct their research are they also affiliated with any community partners? To analyze this, articles were read form eight different journals of Gerontology from the years 2007 to 2009. The articles were coded dependent on their methods of acquiring data and whether or not a community partner was involved.

121. A University-Community Partnership in Design for Healthy Aging
Jon Sanford, M.arch, Georgia Tech

This paper will present a model partnership for bringing together interdisciplinary teams of university students and professionals within a community service organization to provide a home modifications program to community dwelling older adults. Specifically, the program brought together occupational therapy students from Brenau University and design students from Georgia Tech to conduct site visits in homes of older adults living in four communities served by the Georgia Naturally Occurring Retirement Communities (NORC) Initiative. The three occupational therapy students were completing their final masterâ€™s level fieldwork under the supervision of the licensed NORC OT, while the 10 architecture, industrial design and building construction students were enrolled in a 3 credit-hour Practicum in Home Modifications. The partnership provided mutual benefits for all three partners. For the two university partners, the students learned how to work together and learn from each other in interdisciplinary teams to identify housing needs of older adults and to determine home modifications to meet those needs. From the community side, each client received a report that included written and design recommendations for adaptive strategies, assistive technologies, products and alterations for aging in place. Case study exemplars of design and OT interventions will be presented.

122. Evaluation of a University-Based Program for Community Elders
Ed Rosenberg, PhD, Appalachian State University and Micah Beatty, MA, University of Oklahoma

With tighter budgets and greater accountability, the need for rigorous program evaluation has never been greater. Yet program evaluations vary greatly in purpose, focus, methodology, and interpretation. This research briefly reviews program evaluation essentials, then describes the evaluation of a 24-year-old

university-based program to engage and enhance the lives of community-dwelling elders. Overall, the results were positive but not flattering, and several deficiencies were identified. However, by properly designing and conducting the evaluation, dispassionately reporting the findings, and offering constructive recommendations, program administrators did not feel threatened and clear plans could be made to address identified shortcomings.

Senior Connections, The Capital Area Agency On Aging

Proudly welcomes the Southern Gerontological Society to Richmond, Virginia

Phone: 343-3000
Web: seniorconnections-va.org

Senior Connections
The Capital Area Agency on Aging

aaa

West Central Florida
Area Agency on Aging, Inc.

Assistance. Advocacy. Answers on Aging.

www.AgingFlorida.com

Congratulations to the Southern Gerontological Society on your 31st Annual Meeting

Presenter Index

13
Adekeye, Toyosi, MD
University of North Carolina at Greensboro
336-987-5532
oaadekey@uncg.edu

77
Barrett, Anne, PhD
Florida State University
850-644-2833
abarrett@fsu.edu

106
Barrett, Kate, MSW, LCSW
Orange County Department of Aging
919-968-2085
kbarrett@co.orange.nc.us

27
Berger, Judy, BA
Jefferson Area Board of Aging (JABA)
434-817-5234
jberger@jabacares.org

119a
Bigoney, Rebecca, MD
MediCorp Health Systems
540-741-3165
rebecca.bigoney@medicorp.org

14
Bird, Brittany
Barton College
919-395-6777
bnbyrd@bulldogs.barton.edu

15
Bland-Watson, Thelma, PhD, MS
The Capital Area Agency on Aging
804-343-3037
twatson@youraaa.org

36
Bomma, Ravi, MSc
Kakatiya University
+919848776265
v_homoeo@yahoo.com

16
Bordeman, Denise, MA
University of North Carolina at Charlotte
704-455-3789
bdreadli@uncc.edu

85
Bradley, Dana, PhD
Western Kentucky University
270-745-2356
dana.bradley@wku.edu

84b
Bradley, Don, PhD
East Carolina University
252-328-4838
bradleyd@ecu.edu

45
Brallier, Sara, PhD
Coastal Carolina University
843-349-2470
brallier@coastal.edu

17
Brooks, Jeff, PhD
Fayetteville State University
910-672-1955
jbrooks@uncfsu.edu

18
Brossoie, Nancy, PhD
Virginia Tech
540-231-2335
brossoie@vt.edu

43
Brown, Shelley, MA
Tennessee Technological University
931-349-0535
csbrown@tntech.edu

34
Bugos, Jennifer, PhD
East Carolina University
252-328-5721
bugosj@ecu.edu

2
Bumbalo, Helene, MS
HirePower Asso. & Virginia Commonwealth
804-828-1565
helene@hirepowerassociates.com

78
Burgess, Elisabeth, PhD
Georgia State University
404-413-5213
gereob@langate.gsu.edu

115
Canham, Sarah, MA
University of Maryland
240-997-0484
scanham1@umbc.edu

50
Cassel, J. Brian, PhD
VCU Massey Cancer Center
804-628-1926
jbcassel@vcu.edu

19
Casto, Crystal
Barton College
252-399-6377
cmcasto@bulldogs.barton.edu

20, 53
Chapin, Meldrena, PhD
Savannah College of Art and Design
404-313-3582
meldrena@mindspring.com

90
Chard, Sarah, PhD
UMBC and US Dept. of Veterans Affairs
410-455-3380
schard@umbc.edu

107
Chopin, Suzzette, MS, MBA
Virginia Commonwealth University
804-349-6719
chopinsm@vcu.edu

8, 21
Chui, Kevin, PhD
Sacred Heart University
203-371-7976
chuik@sacredheart.edu

82
Ciciurkaite, Gabriele
East Carolina University
252-702-0440
gc0728@ecu.edu

35
Clapsadl, Melannie, BA, MS
University of North Carolina at Charlotte
252-241-7839
mclapsa1@uncc.edu

38
Coogle, Constance
Virginia Commonwealth University
804-828-1525
ccoogle@vcu.edu

83
Curtis, Victoria, PhD
Radford University
540-639-4078
vcurtis@radford.edu

105
Cutchin, Malcolm, PhD
University of North Carolina at Chapel Hill
919-843-4472
mctchin@med.unc.edu

22
Davis, Brooke, MSN, ANP
Wake Forest University School of Medicine
336-713-8250
brodavis@wfubmc.edu

7
Dickerson, Anne, PhD, OTR/L, FAOTA
East Carolina University
252-744-6190
dickersona@ecu.edu

23
Dickinson, Joan, PhD
Radford University
540-831-6164
jidickins@radford.edu

81
Dran, David, PhD
University of North Carolina at Pembroke
910-735-1322
david.dran@uncp.edu

37a
Du, Peng
Renmin University of China
626-243-3121
Dupeng415@yahoo.com.cn

74
Ettner, Barbara, PhD
The Lewin Group
704-269-5540
barbara.ettner@lewin.com

24
Evans, Lesley
East Carolina University
704-763-9648
lne0614@ecu.edu

73
Feldman, Laura, BGS
National Committee to Preserve SS & Medicare
202-216-8349
feldmanl@ncpssm.org

25
Flora, Deanna, BS
Virginia Commonwealth University
804-432-9043
florads@vcu.edu

4a
Garrett, Ruth, PhD, MPH
Vanderbilt, Meharry Medical Colleges
615-327-6919
ruth.g.garrett@vanderbilt.edu

58
Ghaswalla, Parinaz, B.Pharm
Virginia Commonwealth University
504-430-8098
ghaswallapk@vcu.edu

116, 116d
Goins, R. Turner, PhD
West Virginia University
304-293-3129
rhoins@hsc.wvu.edu

59
Greenwood, Kathy, BS
Council on Aging of Johnston County
919-934-6066
resdevcoor@coajohnstonnc.org

26
Haaga, John, PhD
National Institute on Aging
301-496-3131
john.haaga@nih.gov

41
Hancock, Cynthia, PhD
University of North Carolina at Charlotte
704-687-4080
chancock@uncc.edu

60, 104
Hargrave, Lauren
University of North Carolina at Charlotte
514-673-6437
Lhargra1@uncc.edu

52a
Henning, Jan, MA
North Central Texas Area Agency on Aging
817-695-9197
jhenning@nctcog.org

61
Hershaw, Jamie
The College of William and Mary
757-371-6184
jnhershaw@wm.edu

46
Ho, Huy
The College of William and Mary
703-254-4771
ho.huythanh@gmamil.com

42
Humber, Katherine, MA
University of Maryland University College
240-684-2854
khumber@umuc.edu

62
James, Lindsey, BS
University of North Carolina at Wilmington
704-779-6930
lej9541@uncw.edu

9
Jasper, Linda, PhD
Indiana University Southeast
812-941-2391
ljasper@ius.edu

45, 49
Jensen, Christine, PhD
Center for Excellence in Aging
757-220-4751
cjenson@excellenceinaging.org

63
Kakad, Priyanka
Virginia Commonwealth University
804-402-9352
kakadpp@vcu.edu

56
Kalaw, Karel, MA
University of North Carolina at Charlotte
806-319-2611
kjkalaw@uncc.edu

52b
Kiefer, Kristen, M.P.P.
National Council on Aging
202-479-6639
kristen.kiefer@ncoa.org

28
Kind, Viki, MA
Owner of Kindethics.com
805-807-4474
viki@kindethics.com

116c
Konrad, J.R.
University of North Carolina at Chapel Hill

64
Lee, HeeSoon
University of South Carolina
803-730-1410
lee32@gwm.sc.edu

65
Leech, Irene, PhD
Virginia Tech
540-231-4191
ileech@vt.edu

111
Ligon, Mary, PhD
York College of Pennsylvania
717-815-6646
mligon@ycp.edu

117
Lindsay, Richard, MD
University of Virginia, Emeritus
434-293-9769
rwl3w@virginia.edu

3
Love, Karen, BS
Center for Excellence in Assisted Living
703-533-3225
karenlove4@verizon.net

89
Lucchino, Ronald, PhD
Utica College
941-383-6617
rvluc@comcast.net

79
Lumpkin, Jennifer, PsyD
Hunter Holmes McGuire VA Medical Center
410-215-3746
jcmenzel@vcu.edu

66
Lyles, Blakely
Barton College
757-714-6924
bclyles@bulldogs.barton.edu

84a
Marshall, Victor, PhD
University of North Carolina at Chapel Hill
919-843-8067
victor_marshall@unc.edu

114
Matteo, Rebecca, MA
Wake Forest University
336-758-3540
matteora@wfu.edu

67
May, Amanda, BS
University of North Carolina at Greensboro
919-497-2332
almay@uncg.edu

87
McCarty, Catherine, MA
University of South Florida
813-300-3797
cmccarty@cas.usf.edu

57
McCaskill, Gina, MSW, MPA
University of Alabama
205-393-5888
gmmccaskill@crimson.ua.edu

120
McDonald, Maria, MA
East Carolina University
919-740-3633
mtm0806@ecu.edu

76
McWilliams, Summer
Florida State University
770-468-2091
smcwilliams@fsu.edu

1, 1a, 72, 84, 84c
Mitchell, Jim, PhD
East Carolina University
252-328-6768
mitchellj@ecu.edu

68
Mohanty, Maitreyee, M.Pharm
Virginia Commonwealth University
804-564-8850
mohantym@mymail.vcu.edu

11, 39
Moody, Harry, PhD
AARP
202-434-6363
hrmoody@yahoo.com

110
Morgan, Jennifer, PhD
University of North Carolina at Chapel Hill
919-966-0225
craft@schsr.unc.edu

69
Mullenbach, Kereen, RN, PhD
Radford University
540-767-6183
krmullenb@radford.edu

31
Nelson, H. Wayne, PhD
Towson University
401-704-4845
wnelson@towson.edu

70
O'Brien, Anne, MS
University of Georgia
706-542-9400
aobrien@uga.edu

93
O'Connor, Shannon, MA
University of Maryland at Baltimore
919-621-5686
soconnor@epi.umaryland.edu

32,94
Otters, Rosalie, PhD, MSW, D.Min
University of Arkansas at Little Rock
501-569-3012
rvotters@ualr.edu

108
Painter, Jane, EdD, OTR/L, FAOTA
East Carolina University
252-744-6194
painter@ecu.edu

6
Palmer, Walter, MS
University of North Carolina at Chapel Hill
919-451-3223
wepalmer@email.unc.edu

109
Pardasani, Manoj, PhD
Fordham University
212-636-6622
mpardasani@fordham.edu

96
Parsons, Pamela, PhD, RN, GNP
Virginia Commonwealth University
804-828-5306
pparsons@mcvh-vcu.edu

95
Parvulescu-Codrea, Simona
University of Virginia
757-848-7823
sp2vb@virginia.edu

48
Phillips, Ellen, BS, CTRS
Alzheimer's Association
434-973-6122
ellen.phipps@alz.org

97
Reed, Saybah
Barton College
919-559-7689
sreed@bulldogs.barton.edu

98
Roe, Maggie, BS
Western Kentucky University
812-225-0183
maggie.roe102@wku.edu

92
Rogers, Sharon, PhD
East Carolina University
252-737-2982
rogerssh@ecu.edu

122
Rosenberg, Ed, PhD
Appalachian State University
828-262-6146
rosenberge@appstate.edu

1c
Rowles, Graham, PhD
University of Kentucky
859-699-2359
growl2@uky.edu

121
Sanford, Jon, M.arch
Georgia Tech
404-894-1413
jon.sanford@coa.gatech.edu

112
Schumacher, John, PhD
University of Maryland
410-455-3184
jschuma@umbc.edu

51
Scruggs, Denise, MS, MA
Lynchburg College
434-544-8456
scruggs.dr@lynchburg.edu

29
Sergeant, Kathy, MSSW
Knowville-Knox County – Office on Aging
865-524-2786
kathy.sergeant@knoxcac.org

71
Shamaskin, Andrea, BS
Virginia Commonwealth University
585-746-7615
shamaskina@vcu.edu

55
Sharma, Karuna, MA
Georgia State University
404-567-918
ksharma2@student.gsu.edu

12
Sharma, Shanta, PhD
Henderson State University
870-230-5414
sharma@hsu.edu

1b
Shenk, Dena, PhD
University of North Carolina at Charlotte
704-687-4349
dshenk@uncc.edu

54
Sohn, Youngkyeong, PhD
University of North Carolina at Pembroke
910-775-4267
young.sohn@uncp.edu

99
Spake, Mary, RN, BSN
University of North Carolina at Charlotte
704-472-5368
maspake@uncc.edu

116a
Spencer, S.M.
University of South Carolina

30
Stein, Peter, PhD
UNC – Institute on Aging
919-966-6818
pstein@schsr.unc.edu

100
Studebaker, Steven, MBA, CPA, CFP
WealthCare
828-776-6639
srstudebaker@yahoo.com

101
Sullivan, Marisa, MA
Louisiana State University
919-235-2531
sullivan.marisa@gmail.com

33
Svihula, Judie, PhD
University of North Carolina at Chapel Hill
919-966-0498
jsvihula@schsr.unc.edu

102
Tait, Elizabeth, MHS
University of North Carolina at Charlotte
828-775-9095
elizabethtait@yahoo.com

86, 118
Teitelman, Jodi, PhD
Virginia Commonwealth University
804-828-3553
jlteitel@vcu.edu

75
Thomas, M. Lori, PhD, MSW, MDiv
University of North Carolina at Charlotte
704-687-7938
lorithomas@uncc.edu

80
Traywick, LaVona, PhD, MA
University of Arkansas
501-671-2027
ltraywick@uaex.edu

5, 91, 119b
Varner, Joyce, DNP, GNP-BC, GCNS
University of South Alabama
205-410-1399
jvarner@usouthal.edu

40
Velde, Beth, OTR/L, PhD
East Carolina University
252-737-1377
veldeb@ecu.edu

88
Wallace, Brandon, PhD
Middle Tennessee State University
615-898-5976
jbwallac@mtsu.edu

113
Wassel, Janice, PhD
University of North Carolina at Greensboro
336-256-1020
jiwassel@uncg.edu

103
Webster, Lindsie
East Carolina University
919-846-9313
law0519@ecu.edu

10
Wells, Amber, BA
University of North Carolina at Chapel Hill
401-440-3255
awells82@unc.edu

116b
Whitfield, K.E.
Duke University Medical Center

47
Williams, Ishan, PhD
University of Virginia
434-924-0480
lcw8t@virginia.edu

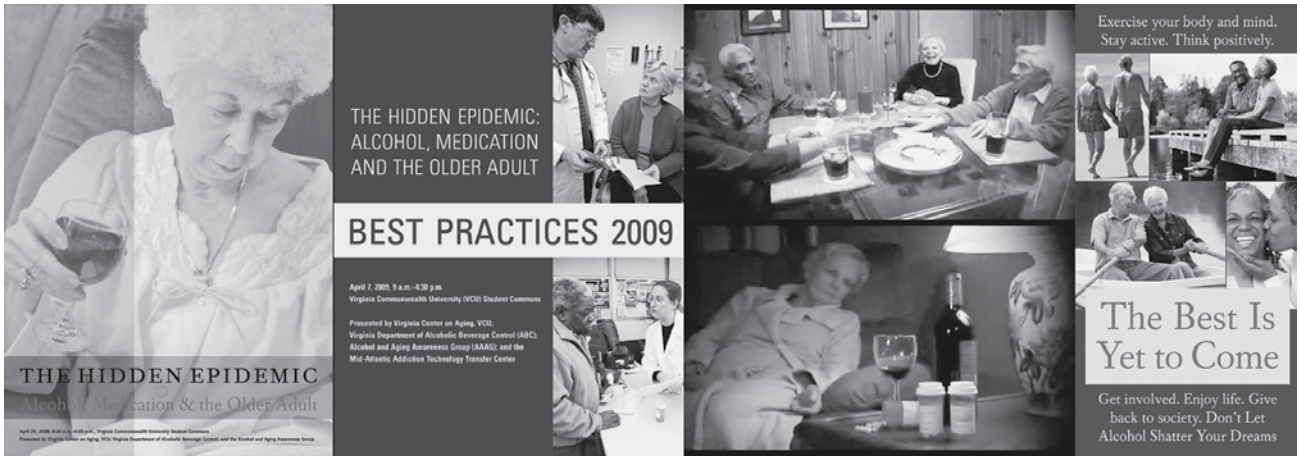
4b
Winegarden, Claudia, PhD
Georgia Tech
919-389-2302
crw@gatech.edu

37b
Wu, Bei, PhD
University of North Carolina at Greensboro
336-256-8579
b_wu@uncg.edu

AAAG

Alcohol and Aging Awareness Group

National and State Award-Winning Initiative



A community-academic partnership that works to support

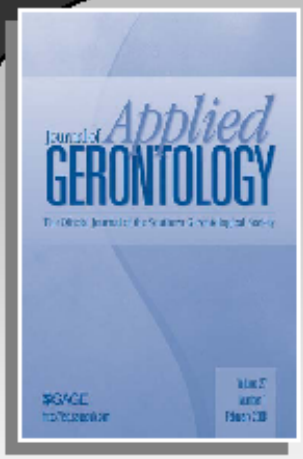
Applied Gerontology as Community Engagement

The AAAG is a statewide coalition of state agencies and other organizations in Virginia that responds to the need for education and training about the issue of alcohol and medications misuse in older adults. For resources or more information on how to create a similar group in your state or community, please contact:

Virginia Department of Alcoholic Beverage Control (ABC)
Regina.Whitsett@abc.virginia.gov or education@abc.virginia.gov
(804) 213-4445 or (804) 213-4688

Welcomes the Southern Gerontological Society to Virginia

CALL FOR PAPERS



Journal of *Applied* GERONTOLOGY

The Official Journal of the Southern Gerontological Society

Editor:
Malcolm P. Cutchin, PhD, *The University of North Carolina at Chapel Hill*

http://jag.sagepub.com

The **Journal of Applied Gerontology** (**JAG**) provides an international forum for information that has clear and immediate applicability to the health, care, and quality of life of older persons. Each issue brings you the latest research and analysis from the field—and helps you apply it to your everyday practice.

Comprehensive Coverage

The **Journal of Applied Gerontology** publishes articles in all subdisciplines of gerontology whose findings, conclusions, or suggestions have clear and sometimes immediate applicability to the problems encountered by older persons as well as articles that inform research and the development of interventions. With **JAG** you'll have access to original studies by distinguished authors on a wide range of gerontological issues.

The journal brings you comprehensive coverage of all areas of gerontological practice and policy, such as:

- Caregiving
- Exercise
- Death and dying
- Physical activity
- Ethnicity and aging
- Technology and care
- Advanced directives
- Housing
- Long-term care
- Mental health
- Retirement planning
- Sexuality
- Volunteering

The **Journal of Applied Gerontology** particularly invites manuscripts featuring the systematic evaluation and outcomes assessment of programs, services, and initiatives targeting older populations.

Submit your article online with SAGETRACK

SAGETRACK makes it easy to:

- Submit your article online
- Submit revisions and resubmissions through automatic linking
- Track the progress of your article online
- Publish faster with JAG!

Visit http://mc.manuscriptcentral.com/jag.

The New Aging Enterprise



32nd Annual Meeting
Southern Gerontological Society
April 14-17, 2011

Raleigh Marriott City Center
500 Fayetteville Street • Raleigh, NC 27601
Hotel Phone: 919.833.1120 Hotel Fax: 919.833.8912
https://www.marriott.com/hotels/travel/rdumc-raleigh-marriott-city-center/

Call for Presentations

Submit presentations on-line at www.southerngerontologicalsociety.org
Submission Deadline: October 1, 2010

SGS Questions? Contact Lora Gage • 239-541-2011 • LGage4SGS@aol.com