

The New Aging Enterprise

32nd Annual Meeting 2011

Southern Gerontological Society

Final Conference Program

Raleigh Marriott City Center
500 Fayetteville Street ● Raleigh, NC 27601
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Southern Gerontological Society

Remembrance Service

for Gordon and Ruth Streib



Saturday, April 16th

5:45-6:45 p.m.

You are invited to a remembrance
service celebrating the lives of one of
our founding and eminent members
Dr. Gordon Streib
and his wife Ruth Boyer Streib.



The remembrance service for Gordon and Ruth Streib will be presented by
Drs. Wiley P. Mangum, W. Edward Folts, and Leonard Poon.

Please join us to celebrate the rich lives of these remarkable, giving individuals.

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Raleigh, North Carolina

Visiting Raleigh

Established in 1792, the city of Raleigh, NC was named in honor of navigator and historian Sir Walter Raleigh. Raleigh is the only state capital established on land specifically purchased by the state for its government seat. The city's founding fathers nicknamed Raleigh the "City of Oaks" in honor of the great oak woods. While visiting Raleigh don't miss the three state museums of art, history, and natural sciences. All have free admission and are within walking distance from the conference hotel. The free R-LINE bus features hybrid electric buses connecting restaurants, retail, entertainment venues, and museums. Schedules and information are available at http://www.godowntownraleigh.com/get-around/r-line.

The new Raleigh Marriott City Center Hotel features free wireless Internet and parking for those attending SGS. Unwind after a day of sessions in the indoor pool or whirlpool or rush to the fitness center for an invigorating workout. Relax in your room with a 37-inch flat-panel plasma TV. The conference hotel is minutes from the Greek-Revival style State Capitol and the Executive Mansion. Nearby is the Historic City Market which opened in 1914 as Raleigh's first shopping center bustling with agricultural commerce. Today the Historic City Market's cobblestone setting offers dining and boutique shopping.

Local Attractions

Marbles Kids Museum

Hands-on museum that inspires imagination, discovery and learning, larger-than-life IMAX experiences

NC Museum of Natural Sciences

The N.C. Museum of Natural Sciences is the largest of its kind in the Southeast and features four floors of hands-on exhibits, dioramas of the state's natural habitats and the Acrocanthosaurus, also known as the "Terror of the South."

Governor's Mansion

This Victorian-style mansion and its spectacular public gardens have been home to N.C. governors since 1891. Public home and garden tours are available.

NC Museum of Art

The Museum Park at the N.C. Museum of Art consists of 164 acres of woodlands, open areas and streams filled with trails and monumental works of environmental art.

NC Museum of History

The seven-story complex for the N.C. Museum of History features more than 350,000 artifacts, photographs, videos, hands-on activities and special exhibitions.



Welcome from the SGS President

The 2011 Southern Gerontological Society's 32nd Annual Meeting is hosted in the City of the Oaks, Raleigh, NC. The annual conference will be at the new Raleigh Marriott City Center Hotel located in the center of Raleigh and only a short driving distance to the Research Triangle Park. SGS secured an exceptionally attractive lodging rate of $129.00/night for single or double occupancy.

The 32nd Annual Meeting's theme The New Aging Enterprise invites you to consider a fresh perspective of applied research by engaging in new partnerships with the private sector.

The baby boom has driven economic opportunities since the 1950s. Public service announcements posted in the New York subways in the late 1950s read:

> ***"Your future is great in a growing America. Every day 11,000 babies are born in America. This means new businesses, new jobs, and new opportunities."***

The New Aging Enterprise refocuses from an economy driven by youth consumers to older consumers, while offering economic growth. Recognizing and developing economic opportunities of an aging society through private-public partnerships will make aging "hip." Soon those New York subway public service posters from the 1950s can be recycled to read:

> ***"Your future is limitless in an aging America. Every day nearly 11,000 boomers are reaching retirement age. This means new businesses, new jobs, and new opportunities in the New Aging Enterprise."***

The future of good business practices for an aging society is grounded in practical applied research. Applied research grows businesses, develops innovative products and determines market sectors. Building on the SGS tradition of academia partnering with providers in the aging network, the addition of private enterprise has the potential to generate innovative and effective solutions for multiple sectors of the older adult market. Successful partnership models incorporate knowledge and resources that respect older adults' preferences and resources while seeking solutions for today's and tomorrow's older adult.

Old age as an economic opportunity has immense potential, a reality observed in the expanding health care sector. Silver Industries, businesses that create, produce, market, and sell goods and services to older adults, are expanding. New businesses prove that aging is good business! Opportunities for private-public partnerships that influence products and services for older adults abound, yet few academics or those in the aging network have joined ranks with business enterprises. Glen Ruffenach of the Wall Street Journal is perplexed by the lack of gerontologists knocking on businesses' doors to consult on The New Aging Enterprise. Silver industries targeting silver consumers are an economic boom for Japan, a super aging society where one out of four Japanese will be age 60 or older by 2015. Successful and innovative silver products are ageless or age-neutral, provide value, and promote independence to older adults, while attractive to younger consumers and offer transgenerational functions.

Our theme The New Aging Enterprise is also personal. A recent Kauffman Foundation study finds those aged 55 to 64 have the highest rate of entrepreneurial activity and expect an "entrepreneurial boom" as boomers age. In a struggling economy, an increasing number of older adults and boomers may become entrepreneurs. My family and I recently formed a Silver family business. Someday, I hope to be old, yet I desire different experiences and products than did my mother. Opportunities flourish for a "hip" aging society!

Welcome to the City of the Oaks. SGS has a long tradition of Southern hospitality, welcoming colleagues and embracing new friends. Students consistently remark that SGS is their best conference experience for professional exposure!

Best regards,

Janice (Jan) I. Wassel, SGS President
Director, The UNCG Gerontology
Co-Director, The Dual Degree MS in Gerontology-MBA Program
University of North Carolina at Greensboro
jiwassel@uncg.edu

Welcome from the Program Chairs

Welcome to the 32nd Annual Meeting of the Southern Gerontological Society!

As Program Co-chairs we have been able to organize an incredible meeting which we hope you will enjoy. As you know, many hours of preparation lead up to such an event. We would like to thank the SGS leadership team for their hard work in preparation for this year's meeting. In particular, we would like to thank local arrangements chair Brandi McCullough, silent auction expert Joy Whittington, awards chair James Peacock, Southern Gerontologist editors Luci Bearon, Connie Coogle and Christine Jensen, and SGS leaders Leonard Poon, Wiley Mangum, and Ed Folts for coordinating the last minute remembrance of our own Gordon and Ruth Streib. A special thanks goes to Danielle Borasky, Jennifer Curasi and Jessica Erricollo for their many hours in front of the computer typing, arranging, cutting and pasting.

We also want to acknowledge each of the presenters who responded to the "Call for Presentations." Without you, we could not have organized this meeting. Thank you for providing us the rich opportunities to learn about the New Aging Enterprise and latest ideas and initiatives in research, service, and practice.

It has been our pleasure working with Jan Wassel through many engaging discussions, meetings, and e-mails to develop this final program. Certainly we would be remiss if we forgot to acknowledge and say thank you to the person who knows about the logistics of producing an annual meeting - Lora Gage.

We are excited about the content of the meeting and hope you will enjoy the many offerings. For our regular SGS members, welcome back to renew old friendships and connections. For those who are joining us for the first time, we hope it will be the beginning of new friends and connections. We hope you will make a connection with SGS that will get you involved in our network of talented members, our history and traditions, and bring you back to next year's meeting.

Jennifer Craft Morgan — 2011 Program Co-Chair

Wayne Moore — 2011 Program Co-Chair

2010-2011 SGS Leadership

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Janice I. Wassel, PhD
UNC – Greensboro

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University of Arkansas Div. of Agriculture

Luci Bearon, PhD
NC State University

Malcolm Cutchin, PhD
UNC Chapel Hill

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The Legacy Link, Inc

Dianne M. O'Donnell
Attorney

SENIOR REPRESENTATIVE
Wiley Mangum, PhD
University of South Florida (Emeritus)

STUDENT REPRESENTATIVE
Jessica Erricollo– UNC Greensboro

COMMITTEE CHAIRS

Awards
James Peacock, PhD

Budget & Finance
Dana Bradley, PhD

By-Laws
Ed Rosenberg, PhD

Council of Presidents and Future Directions
Ed Ansello, PhD

Development
Brandi McCullough

Executive
Jan Wassel, PhD

Local Arrangements
Brandi McCullough

Membership
Meldrena Chapin

Nominating
Jim Mitchell, PhD

Program
Co-Chairs: Jennifer Craft Morgan, PhD, Wayne Moore, PhD

Publications
Victor Marshall, PhD

Editor, Journal of Applied Gerontology
Malcolm Cutchin, PhD

Editors, Southern Gerontologist
Luci Bearon, PhD
Connie Coogle, PhD
Christine J. Jensen, PhD

Site Selection
Ed Ansello, PhD

Web-Site
Danielle Borasky
UNC Institute on Aging

Administrator
Lora Gage

SGS Past Presidents

Dr. Barbara Payne 1979 - 1981

Dr. Lorin Baumhover 1981 - 1982

Dr. Glenn Hughes 1982 - 1983

Dr. Nancy Lohmann 1983 - 1984

Dr. Erdman Palmore 1984 - 1985

Dr. Bradley Courtenay 1985 - 1986

Dr. John Lovitt 1986 - 1987

Ms. Kay Hind 1987 - 1988

Dr. David Blackwell 1988 - 1989

Ms. Shirley Totty 1989 - 1990

Dr. Larry Mullins 1990 – 1991

Ms. Carolyn H. Graves 1991 - 1992

Dr. Joan B. Wood 1992 - 1993

Dr. Patricia K. Suggs 1993 - 1994

Dr. Edward F. Ansello 1994 - 1995

Dr. Kenneth Cook 1995 - 1996

Mr. William S. Massey 1996 - 1997

Dr. B. Jan McCulloch 1997 - 1998

Ms. Laura Feldman 1998 - *1999*

Dr. Charles F. Longino, Jr. 1999 – 2000

Dr. Richard Tucker 2000 – 2002

Sue Maxwell 2002 – 2003

Dr. Leonard Poon 2003 – 2004

Douglas E. Beach 2004 – 2005

Dr. Graham Rowles 2005 – 2006

Dr. Connie Coogle 2006 – 2007

Dr. Frank Whittington 2007 - 2008

Dr. Ed Rosenberg 2008 - 2009

Dr. Jim Mitchell 2009-2010

Schedule at a Glance

Thursday, April 14th

Time	Session/Event	Room
11:00am – 7:00pm	Registration Open	State Ballroom Foyer
11:00am – 6:00pm	Exhibit Booth Setup	State Ballroom Foyer
2:00pm – 6:00pm	Silent Auction Intake	Alumni Rm
4:15pm – 6:15pm	SGS Board of Directors Meeting	Chancellor Rm
6:30pm – 8:00pm	President's Opening Session	State Ballroom C
8:00pm – 9:00pm	President's Opening Reception	State Ballroom AB

Friday, April 15th

Time	Session/Event	Room
7:30am – 8:30am	Continental Breakfast	State Ballroom Foyer
8:00am – 5:00pm	Registration Open	State Ballroom Foyer
8:00am – 5:00pm	Exhibits Open	State Ballroom Foyer
9:00am – 5:00pm	Silent Auction Open	Alumni Rm
8:30am – 10:00am	Presidential Symposium I	Chancellor Rm
10:00am – 10:30am	Morning Break	State Ballroom Foyer
10:00am – 11:00am	**Poster Session I**	State Ballroom E
10:30 am – 12:00pm	**Concurrent Session I**	Various
12:15pm – 1:45pm	Awards Luncheon	State Ballroom C
2:00pm – 3:30pm	**Concurrent Session II**	Various
2:00pm – 3:30pm	Come and Tell Your SGS Story	University B
3:15pm – 3:45pm	Afternoon Break	State Ballroom Foyer
3:30pm – 4:30pm	Careers in Aging (Raffle for Business Meeting)	University A
4:30-pm – 5:30pm	SGS Business Meeting	University B
5:30pm – 6:45pm	Meet the Professionals: Student Networking Event	University C
7:00pm	Dine-Arounds	See Registration
9:00pm	Club Crawl	See Registration

Schedule at a Glance

Saturday, April 16th

Time	Session/Event	Room
7:30am– 8:30am	Continental Breakfast	Chancellor Rm
8:00am – 5:00pm	Registration Open	State Ballroom Foyer
8:00am – 5:00pm	Exhibits Open	State Ballroom Foyer
9:00am – 3:45pm	Silent Auction Open	Alumni Rm
8:30am – 10:00am	**Concurrent Session III**	Various
10:00am – 10:30am	Morning Break	State Ballroom Foyer
10:00am – 11:00am	Poster Session II	Chancellor Rm
10:30 am – 12:00pm	Presidential Symposium II	State Ballroom F
12:00pm – 2:00pm	Lunch on your own	
12:15pm – 1:15pm	SGS Committee Meetings	
	Awards Committee	State Ballroom E
	ByLaws Committee	Chancellor Rm
	Council of Presidents – Future Directions	University A
	Development Committee	University B
	Membership Committee	University C
2:00pm – 3:30pm	Come and Tell Your SGS Story	University B
2:00pm – 3:30pm	**Concurrent Session IV**	Various
3:30pm – 4:00pm	Afternoon Break	State Ballroom Foyer
3:45pm	Silent Auction Closes	Alumni Rm
4:00pm – 5:30pm	**Concurrent Session V**	Various
5:45pm – 6:45pm	Remembrance: Gordon and Ruth Streib	Chancellor Rm
	Dinner on Your Own	

Sunday, April 17th

Time	Session/Event	Room
8:00am – 10:00am	Registration Open	State Ballroom Foyer
8:30am – 10:00am	**Concurrent Session VI**	Various
10:30am – 12:30pm	Gerontologists Rooted in the South (GRITS) Brunch: Honoring SGS Past	State EF
12:30pm – 2:00pm	SGS Board of Directors Meeting	Governor's Board Rm

Highlights

Opening Symposium and Reception

Thursday, April 14 6:30 pm – 9:00 pm

Join us for an Opening Session featuring current SGS President ***Janice I. Wassel***, who will give her welcome address: **"The Future is the New Aging Enterprise"**. We will welcome keynote speaker ***Dennis Streets***, Director of the North Carolina Division of Aging and Adult Services, who will speak on **Aging—A Lifelong 'Business'**. Following the presentations, enjoy good food and networking at a reception sponsored by the UNCG Graduate School.

Silent Auction

The Silent Auction will be opened throughout the conference. Item intake begins Thursday, April 14, 2:00 – 6:00 p.m. The Silent Auction is open Friday, 9:00 a.m. – 5:00 p.m. and Saturday, 9:00 a.m. – 3:45 p.m. The Silent Auction will be closed during the Awards Luncheon. Auction closes promptly at 3:45 p.m. on Saturday. Visit often and bid frequently.

Come and tell your SGS story!

Friday April 15 2:00 pm – 3:30 pm AND Saturday April 16 2:00 pm-3:30 pm

SGS members will be waiting to record your stories about what SGS means to you personally and professionally and to document your stories about key points in SGS history. SGS leadership will be compiling a website for these oral histories.

Careers in Aging

Friday April 15 3:30 pm – 4:30 pm

Looking to start or reinvent your career in aging education, service or research? Invited speaker, Pauline Abbott, will overview the new career opportunities in aging. Pauline Abbott, Vice President of NAPG (the National Association for Professional Gerontologists), board member and past president of the California Council of Gerontology and Geriatrics, and Past National President of SPO, regularly speaks about the angst for gerontology on its move from a multi-discipline on the path to a profession. Dr. Abbott is the Director of the Institute of Gerontology and Ruby Gerontology Center at California State University Fullerton where she conducts community based research and teaches in the academic gerontology program. In her class on Professional Issues in Gerontology Pauline focuses upon the critical need for articulating what you know how to do, communicating with employers not using jargon, and networking, networking, networking. Dr. Abbott has been recognized for her work by the Red Cross, as the WomanSage Educator of the Year, and awarded the Birren Senior Scholar Award from the CCGG. Her book Recreating Neighborhoods for Successful Aging received a Silver Award from the publishing industry and she is currently developing a Gero-Engineering Program related to Assistive Technology maintaining older adults in the community. Her presentation will focus upon where we've been, where we are, and where we are going related to careers and employment in the Field of Aging. Supported in part by AGHE.

Students who attend this session will be entered in a $50.00 prize drawing from Barnes and Noble. The drawing will be held at the end of the SGS Business meeting. The student must be present at the business meeting to win.

Meet the Professionals: Student Networking Event

Friday, April 15th 5:30 pm-6:45 pm

"Choose a job you love and you will never have to work a day in your life." Confucius
Following the SGS business meeting SPO Delta Gamma, AGHE, and The UNCG Gerontology Program will host a student network event. This reception has an added feature this year. Professionals from a wide range of disciplines, practice and academic settings including entrepreneurial nutritionists, county and state government, the U.S. Census, hospice and more will be available for students to network and learn more about professional opportunities.

Highlights

Remembrance

Saturday, April 16th 5:15 am-6:15 pm

A remembrance will be held in honor of one of our founding and eminent members, Dr. Gordon Streib and his wife, Ruth. The Streib's had been living in Oak Hammock, a lovely CCRC in Gainesville, FL. Dr. Streib was instrumental in establishing Oak Hammock. Dr. Streib passed on Thursday, February 17th and his wife, Ruth passed the following day after being informed of her husband's death. Dr. Lorin Baumhover noted that with their passing, there are fewer and fewer founding members of SGS. He goes on to write that "after a day of discussing whether we should start such a group, bylaws, dues, and so forth, somebody set up a card table in the hall and Ruth Streib collected our (SGS) first dues." A documentary filmed by Dr. Leonard Poon on Dr. Streib will be shown. It is a review of how Gordon and his wife met, their lives together, and Dr. Streib's philosophy on aging using himself as an example. The memorial will be presented by Drs. Wiley P. Mangum, Edward Folts, and Leonard Poon. Please join us to celebrate the rich lives of these remarkable and giving individuals.

Saturday Night – Local Events

Monet, presented by the ***Carolina Ballet***, will be performed in the Memorial Auditorium of the Progress Energy Center for Performing Arts. The New York Times praised Monet Impressions for its "dreamy, flowing" choreography by Artistic director Robert Weiss and Principal Guest Choreographer Lynne Taylor-Corbett and "strong…impressive" dancers. The beautiful homage to the great French painter Claude Monet features the evocative music of his compatriots Chausson, Debussy, and Poulenc. The show stars at 8pm. (2 East South Street, Raleigh, NC). Please call the box office at 919-719-0900 to reserve your ticket in advance. Provide the code "sgs0720" for a 20% discount (original ticket prices from $30-$60). Tickets will also be on sale the evening of the performance, with the box office opening at 7pm.

Once Upon a Time, presented by the ***North Carolina Symphony***, will be performed in the Meymandi Concert Hall. The event has been said to be a charming experience with the orchestra guiding you through a cornucopia of melodies based on children's music and stories. Music includes Donhanyi's feisty variations on a nursery song and favorite works by Ravel, Stravinsky, and Tchaikovsky. The show starts at 8pm. (2 East South Street, Raleigh, NC). Please call the box office at 919-733-2750 and provide the code "sgs" for a discounted ticket for $30. Ticket purchases made over the phone will include a $5 handling fee. Tickets will also be on sale the evening of the performance, with the box office opening at 7pm.

Kooley High (for fans of the Roots, The Fugees, and Inflowential) to play at the Pour House. ***Tickets are to be purchased at the door for $9***. The doors open at 9pm, with the show starting at 10pm. (224 South Blount Street, Raleigh, NC).

GRITS Closing Brunch: Honoring SGS Past

Sunday, April 17 10:00 am – 12:00 pm

The closing SGS Brunch honors Gerontologists Rooted in the South - those who have been SGS members for 10 or more years. SGS founders laid an organizational and mission-driven foundation on which their successors built today's SGS. But what - if anything - is the "legacy" of SGS? How does it help explain the structure and status of SGS today, and what guidance might it provide for the future of SGS? SGS's own Wiley Mangum, Jan Wassel and Ed Rosenberg review SGS's past, assess its present, and propose alternative futures. At the end of the brunch, the GRITS of Distinction Hall of Fame will be unveiled. This honorific title will be bestowed on three distinguished members. Biographical information and SGS contributions of these GRITS of Distinction will be placed on the website along side of the SGS history. This will be established in hopes that the SGS membership will award GRITS of Distinction honorees each year for presentation at the annual conference.

Conference Session Tracks & Formats

Tracks

Exploring the Silver Industries
Encourage development of Silver Industries with particular emphasis on transgenerational products including real-estate, travel industries, financial services, and consumer products attractive to older adults and younger consumers.

Social Economic Entrepreneurship
Exemplify private-public partnerships driven by a desire to find innovative ways to solve social problems in aging previously neglected by either the market or the public sector.

Applied Research Best Practices
Describe an intervention and assess its effectiveness, offer a sampling design appropriate for gathering primary data from older adults living in a rural area, craft a data-gathering instrument, or describe a qualitative research project addressing an area of inquiry. The presentation of best practices is encouraged.

Implications of Health Care Reform
Examine private-public partnerships and other innovative solutions to address health care needs of and service delivery to older adults, with particular attention to the unique needs of rural Southern elderly.

Strategies for Program Assessment and Support in the New Aging Enterprise
Assess the effectiveness of programs and interventions as academics work with service provider partners and private enterprise.



Session Formats

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

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

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

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



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UNCG

Full Schedule

Thursday, April 14th

Opening Symposium and Reception (State Ballroom C)

Thursday, April 14 6:30 pm – 9:00 pm

Join us for an Opening Session featuring current SGS President ***Janice I. Wassel***, who will give her welcome address: **"The Future is the New Aging Enterprise"**. We will welcome keynote speaker ***Dennis Streets***, Director of the North Carolina Division of Aging and Adult Services, who will speak on **Aging—A Lifelong 'Business'**. Following the presentations, enjoy good food and networking at a reception sponsored by the UNCG Graduate School.

Friday, April 15th

Continental Breakfast (State Ballroom Foyer) 7:30 am-8:30am

Presidential Symposium I (Chancellor Rm) 8:30 am-10:00am

Silver Industries is not Silver Jewelry! A Global Perspective on the New Silver

Discussant: J. I. Wassel

Participants: Meredith Cooper, Sarah Johnson, Soo Hyung Kim, Karen Moldt, Kathryn Page, J.I. Wassel, Erin White, and Cynthia Wilkerson, The University of North Carolina Greensboro
Ellen Atkins, EMM Financial Services , Greensboro, NC
Gloria Cavanaugh, Gloria Cavanaugh Consulting, CA
Eric Ford, The University of North Carolina Greensboro
Joo Han, Future Mosaic Institute, Seoul, South Korea
Scott Silknitter, R.O.S. Therapy Systems, LLC, NC

Silver industries are businesses that create, produce, market, and sell goods and services to older adults. Successful and innovative silver products are those developing and marketing a universal good and are attractive regardless of age. Growth of silver industries targeting silver consumers has been an economic boom for Japan, a country leading in innovations and businesses for older adults. Japan's business community and government have both embraced and promoted 'silver' for economic development. The United States lags behind in innovation, design and product development for the older consumer market when compared with other aging countries. This symposium is intended to overview the history and development of silver industries and to engage a panel of entrepreneurs in a dialogue about the barriers, their own pathways to this industry and longer range potential of these silver industries. Using examples from other countries and from the U.S., this presentation will provide a historical perspective on the development of silver industries and present products and services currently in use or in development from low to high technological solutions. A panel of entrepreneurs will follow discussing the potential growth for older adults and the aging boomers, market opportunities and present examples from personal product development. Included on the panel is Eric Ford, Professor of Entrepreneurship from the NC Entrepreneurship Center and entrepreneurs Ellen Atkins, Gloria Cavanaugh, Joo Han, and Scott Silknitter. Atkins, Cavanaugh, Han, and Silknitter will discuss how family health, retirement, and aging put them on the path to entrepreneurship. Ford will provide background on support available for potential entrepreneurs interested in the silver market.

Morning Break (State Ballroom Foyer) 10:00am-10:30am

Poster Session I (State Ballroom E) 10:00am-11:00am

Track: Social Economic Entrepreneurship

1. Implementing the Village Model in North Carolina

Lindsey Haynes, MHA, Department of Health Policy and Management, UNC Gillings School of Global Public Health

Track: Implications of Health Care Reform

2. Utilization of Electronic Information Systems in Assisted Living: Initial Findings

April Temple, PhD, James Madison University

3. Willingness to Participate In Sexual Histories: A Generational Examination

Ley Linder, MA (cand.), Appalachian State University, James R. Peacock, PhD, Appalachian State University, Ed Rosenberg, PhD, Appalachian State University

4. An Investigation of Psychosocial Influences on Attributions toward and Willingness to Help Older Adults

Keith Dooley, PhD., Murray State University

5. Religious Behaviors and Elders' Health Status

Jean Pearson Scott PHD., Texas Tech University, Hyunsook Kang, PhD, TTU Department of Human Development and Family Studies

6. What is Elder Law?

Jonathan Frank, JD, The Law Offices of Jonathan S. Frank, PC

7. Assessment of the Legal Needs of Older Adults in North Carolina

Jennifer Craft Morgan, PhD UNC Institute on Aging, Bill Lamb, CMSW, MPA

Track: Strategies for Program Assessment and Support

8. Implementation of State-Based Silver Alert Programs: The Case of North Carolina

Takashi Yamashita, MA, Miami University, Dawn C. Carr, PhD, UNC Institute on Aging, J. Scott Brown, PhD, Miami University, Department of Sociology and Gerontology

9. Web-Based Strategies for Program Assessment and Support in The New Aging Enterprise

Jessica Hellerstein, BS, Virginia Center on Aging, Virginia Commonwealth University

10. Interprofessional Simulation Learning Activity Cognitive Assessment Older Adult)

Barbara L. Nunley PhD, RN, GCNS-BC West Virginia University School of Nursing, Charleston Division

11. Use of Complementary and Alternative Medicine by Older Adults with Chronic Conditions

Elizabeth Tait, MS, PhD, UNCC

12. Effectiveness of Student Service Learning Partnerships for Providers and Students

Deborah Farmer, PhD., Winston-Salem State University, Shannon Mathews, PhD, Winston-Salem State University

13. Former Volunteers Report on the Most Meaningful Factors Affecting their Service with the Oregon Long Term Care Ombudsman Program

H. Wayne Nelson, Ph.D., Towson University, F. Ellen Netting, PhD, Virginia Commonwealth University, Ruth Huber, University of Louisville, Dan Agley, EdD, Towson University, Kevin Borders, Spalding University

Track: Exploring the Silver Industries

14. State Long Term Care Ombudsmen's Perceptions of Their Readiness to Support Local Ombudsmen to Assist Nursing Facilities During Public Emergencies

H. Wayne Nelson, PhD., Towson University, Daniel Agley, EdD, Towson University, F. Ellen Netting, PhD, Virginia Commonwealth University, Ruth Huber, PhD, University of Louisville, Kevin W. Borders, PhD, Spalding University

15. New Designs for Assisted Living: Promoting Personalized Supportive Environments for Aging in Place

Meldrena Chapin, PhD., Savannah College of Art and Design – Atlanta

16. Using Interactive Theater to Reduce Ageist Views in Middle and High School Students

Cherie A. Rosemond, PT, PhD, GCS, Institute on Aging, UNC Chapel Hill, Ben Saypol, ABD (Theater Delta), Heather Altman, MPH, Pat Sprigg, MA, Carol Woods Continuing Care Retirement Community

Morning Break (State Ballroom Foyer) 10:00 am-10:30 am

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

Symposium I (State Ballroom F)

17. A New Collaborative Model: Report of the Congregational Social Work Education Initiative and Moses Cone Health System Congregational Nurse Program

Wayne Moore, PhD, ACSW, North Carolina A&T State University, Janet Kanode, MSW, LCSW, UNC Greensboro , Fran Pearson, RN,LCSW, UNC Greensboro, Jay Poole, PhD, LCSW, Lelia Moore, RN,BSN, FCN, Moses Cone Health System
Track: Implications of Health Care Reform

Workshop I (University A)

18. The Next Four Decades; The Older Population in the United States: 2010 to 2050

Patricia Fletcher, MA, MS, United States Census Bureau, Wilhelmenia I. Rembert, PhD, LCSW, United State Census Bureau
Track: Exploring the Silver Industries

Workshop II (University B)

19. Fit in 10: The New Exercise Recommendations for Senior Adults.

LaVona Traywick, PhD, CFLE, University of Arkansas Division of Agriculture

Paper Session I: Preparing for an Aging Population (University C)

20. The Impact of Job Accommodations on the Participation of Older Employees with Mobility Disabilities in the Workplace

Jon Sanford, M Arch, Center for Assistive Technology and Environmental Access, Georgia Tech

21. Intergenerational Design: Applied Approaches to Inclusive Design and Interactive Technologies

Claudia Rebola, PhD, Georgia Tech

22. The Evolution of Later Life Migration Flows to Florida, 1935-2007

Don Bradley, PhD, East Carolina University

Paper Session II: Quality of Life (Chancellor Rm)

23. An Intergenerational Science Processing Skills Intervention Improves Well-Being for Dependent Older Adults

Ila Schepisi, MTS, CTRS, Virginia Tech Adult Day Services, Caitlin Fass, MS, Virginia Tech

24. Keys to Enhancing Processing Speed: Results of Three Musical Training Interventions

Jennifer Bugos, PhD, East Carolina University

25. Sex and the Elderly: The Relationship Between Frequency of Sexual Activity and Happiness

Adrienne Jackson, PhD, Florida A&M University

26. Depressive Symptoms in Older Adults: Conceptualization, Measurement, and Prediction

Jim Mitchell, PhD, East Carolina University

Awards Luncheon (State Ballroom EF) 12:15am-1:45 pm

During the Awards Luncheon, we will present SGS awards, and hear from a panel of distinguished speakers. The topic will be **The New Aging Enterprise: Opportunities in the Public, Private, and Civic Sectors**. Panel members include: Robert Blancato, President, Matz, Blancato & Associates, WA D.C.; ***Greg O'Neill***, Director, National Academy on an Aging Society, WA D.C.; and ***Dennis Stearns***, President of Stearns Financial Services, Greensboro, NC. This luncheon is sponsored by Sage Publications.

Concurrent Session II 2:00pm – 3:30pm

Workshop III (Chancellor Rm)

27. The Benefits of Chi Kung for Older Adults

Ryan Duffy, BA, VCU Department of Gerontology, Tracey Gendron, MSG, VCU Department of Gerontology

Paper Session III: New Faces of Aging (State Ballroom E)

28. The Labor and Social Security Impacts of Elderly Entrepreneurship
Ting Zhang, PhD, University of Baltimore

29. Images of Aging: An Analysis of Modern Maturity/AARP Magazine from 1980 to 2010
Anne Barrett, PhD, Florida State University , Rebecca Redmond, Florida State University, Jessica Roberts, Florida State University

30. Lessons Learned From the Elderly: An Oral History Learning Project
Dezette Johnson, PhD, Johnson C. Smith University

31. Familial Roles and Household Composition: The Case of Pitt County, Eastern North Carolina
Gabrielle Ciciurkaite, MA, East Carolina University, Sitawa Kimuna, PhD, Associate Professor Sociology Department

Paper Session IV: Healthcare Workforce (State Ballroom F)

32. The Changing Nature of Career Development in Health Care Organizations: The Case of Low-wage Workers.
Jennifer Craft Morgan, PhD, UNC Chapel Hill, Janette Dill, MA, UNC Chapel Hill, Brandy Farrar, MA, NC State University

33. Toward A Taxonomy Of CNA Misbehavior
William L. Tullar and Terrie C. Reeves

Paper Session V: Community Care (University A)

34. Development of a Medication Therapy Management and Reconciliation Model for Durham Community Resident Seniors in Durham County, NC.
Robin Ali MD, Pharm.D Duke/ Community and Family Medicine Division

35. Mindfulness-Based Therapies For Chronic Conditions In The Elderly: Their Acceptability And Efficacy
Herbert Harris, MD, PhD, Welcare Counseling Services

36. The Silver Mixed Use Center
William Wade BA/JD, Vassar College/Cleveland Marshall College of Law

37. Entrepreneurship In Aging And Community Collaboration: Students And Services
Rosemarie S. Lamm, PhD, University of South Florida Polytechnic

Paper Session VI: Coping with adverse circumstances (University C)

38. Coping Strategies Of Survivors Of Death, Life Threatening Illness And Serious Accidents
Shanta Sharma, PhD, Henderson State University

39. The Subjective Experience of Older Males with Spinal Cord Injury
Ryan Guyder BS, MSc UNC Wilmington, Eleanor Krassen Covan, PhD, UNC Wilmington, Candace Ashton-Shaeffer, PhD, UNC Wilmington

40. The Life Experience of Iranian Immigrant Elderly in the United States.
Farah Gilanshah Ph.D. University of Minnesota-Morris

Come and tell your SGS story! (University B)

SGS members will be waiting to record your stories about what SGS means to you personally and professionally and to document your stories about key points in SGS history. SGS leadership will be compiling a website for these oral histories.

Afternoon Break (State Ballroom Foyer) 3:15pm-3:45pm

Careers in Aging (University A) 3:30pm-4:30pm

Looking to start or reinvent your career in aging education, service or research? Invited speaker, Pauline Abbott, will overview the new career opportunities in aging. Pauline Abbott, Vice President of NAPG (the National Association for Professional Gerontologists), board member and past president of the California Council of Gerontology and Geriatrics, and Past National President of SPO, regularly speaks about the angst for gerontology on its move from a multi-discipline on the path to a profession. Dr. Abbott is the Director of the Institute of Gerontology and Ruby Gerontology Center at California State University Fullerton where she conducts community based research and teaches in the academic gerontology program. In her class on Professional Issues in Gerontology Pauline focuses upon the critical need for articulating what you know how to do, communicating with employers not using jargon, and networking, networking, networking. Dr. Abbott has been recognized by her work by the Red Cross, as the WomanSage Educator of the Year, and awarded the Birren Senior Scholar Award from the CCGG. Her book Recreating Neighborhoods for Successful Aging received a Silver Award from the publishing industry and she is currently developing a Gero-Engineering Program related to Assistive Technology maintaining older adults in the community. Her presentation will focus upon where we've been, where we are, and where we are going related to careers and employment in the Field of Aging.

Students who attend this session will be entered in a $50.00 prize drawing from Barnes and Noble. The drawing will be held at the end of the SGS Business meeting. The student must be present at the business meeting to win.

SGS Business Meeting (University B) 4:30pm-5:30pm

Meet the Professionals: Student Networking Event (University C) 5:30pm-6:45pm

Following the SGS business meeting SPO Delta Gamma, AGHE and The UNCG Gerontology Program will host a student network event. This reception has an added feature this year. Professionals from a wide range of disciplines, practice and academic settings including entrepreneurial nutritionists, county and state government, the U.S. Census, hospice and more will be available for students to network and learn more about professional opportunities.

Dine Arounds (See Registration Desk) 7:00pm

Join your colleagues for dinner at one of several local restaurants for a casual evening of networking and fun.

Club Crawl (See Registration Desk) 9:00pm

Join the students for tour of Raleigh establishments with a group of student leaders.

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Students are cordially invited to meet practicing gerontology professionals during the

Senior/Student Networking Reception

Friday, April 15 • 5:15-6:45 p.m.

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  with Brenda Loube, Principal of Corporate Fitness Works©
- ***Building Bridges to Shape the Brain Fitness Revolution***
  with Alvaro Fernandez, CEO of SharpBrains©

Thursday, April 14, 2011
1:00 – 4:30 p.m.
Raleigh Marriott City Center



Saturday, April 16th

Continental Breakfast (Chancellor Rm) 7:30am-8:30pm

Come join your friends and colleagues early for breakfast organized into interest groups!

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

Symposium II (State Ballroom E)

41. Exploring Public-Private Partnerships to Improve Transitions, Decrease Re-Hospitalizations, and Streamline Access to Services and Supports

Heather Altman, MPH, Carol Woods Retirement Community, Jan Moxley, MS, North Carolina Department of Health and Human Services, Angel Dennison, MBA, CPM, Chatham County Council on Aging, Brenda McCall, RN, BSN, University of North Carolina Hospitals

Track: Implications of Health Care Reform

Workshop IV (State Ballroom F)

42. Identifying and Understanding Key Neuropsychological Symptoms of Dementia

Christine Cauffield, Psy.D, Cauffield and Associates

Track: Applied Research Best Practices

Workshop V (University A)

43. The Challenges And Benefits Of Diversity In The Service Learning Experience: Case Study Of UNC Charlotte

Dena Shenk, PhD, University of North Carolina Charlotte, Cynthia Hancock, PhD, UNC Charlotte, Apostle Timothy Wright, Madison Saints Paradise South Senior Living, Christine Churchill, MA (candidate), UNC Charlotte, Jeena George, MA (candidate) , Louise Murray, EdD, UNC Charlotte

Track: Applied Research Best Practices

Paper Session VII: Quality of Life (University B)

44. Suicide Among Elders: A Durkheimian Proposal

Stephen Marson, PhD, ACSW, Department of Sociology/University of North Carolina at Pembroke, R. Marlene Powell, PhD, Department of Sociology/University of North Carolina at Pembroke

45. The Social Lives of Old Women Living in a Rural Area

Youngkyeong Sohn, PhD, University of North Carolina at Pembroke

46. Assessing the Effectiveness of Montessori Activity Planning for Persons with Dementia

Jenessa Steele, PhD, Radford University, Jill Sueskind, BS (candidate), Radford University

Paper Session VIII: Mobility and Functional Decline (University C)

47. Risk Factors for Total Knee Arthroplasty

Shannon O'Connor, MA, School of Medicine, University of Maryland

48. Walking Speed Before and After Hip Fracture

Kevin Chui, PhD, Sacred Heart University

49. Comparison Between Self-reported and Performance-based Assessment of Mobility in the Prediction of Mortality Among Older Mexican Americans

Sang Gon Nam, MS, University of Texas Medical Branch , Kyriakos Markides, PhD, Department of Population Health Sciences, University of Texas Medical Branch

Morning Break (State Ballroom Foyer) 10:00am-10:30am

Poster Session II (Chancellor Rm) 10:00am-11:00am

Track: Applied Research Best Practices

50. A Six-Form Tai Chi Intervention for Older Adults
Hao Lui, PhD, PT, University of North Texas Health Science Center , Clayton Holmes, PT, Physical Therapy, University of North Texas Health Science Center, Mike Connors, PT, University of North Texas Health Science Center, Victoria Grando, RN, PdD, Arizonia State University School of Nursing

51. Elder Abuse and Neglect : An Overview of Assessment Tools and Interventions and Recommendations for Effective Service Provision
Bethany Imbody, MSW, DePaul Community Resources

52. The Impact of Religious Factors on Current and Past Suicidality Among the Elderly
Nicole Collins, BA Florida State University, Elizabeth Corsentino, BA, Florida State University, Natalie Sachs-Ericsson, PhD, Florida State University, David Steffens, MD, MHS, Duke University Medical Center

53. Recycling Mentors: An Intergenerational, Service-Learning Program to Promote Recycling and Environmental Awareness
Elizabeth Fugate-Whitlock PhD(c) UNCW, Michelle Lee D'Abundo, PhD, MSH, CHES, UNCW, Eleanor Krassen Covan, PhD, UNCW, Kelly Ann Fiala, PhD, ATC, Salisbury University, Ashton Luongo, UNCW

54. Inter-university Multidisciplinary Collaboration Extends Research Capacities
Jacquelyn McClelland, PhD, North Carolina State University, Luci Bearon, PhD, CFLE, North Carolina State University

55. Well-Being Picture Scale: Utilization in Assisted Living Settings
Martha H. Bramlett, PhD, University of North Carolina at Charlotte, Carol Heglar, BSN, University of North Carolina at Charlotte

56. Examining Assignment Influence on the Knowledge of Aging and Attitudes toward Aging
Jaye Atkinson, PhD, Georgia State University

57. The Relationship Between Neuroticism and Tip-of-the-tongue States in Young and Older Adults
Renu Kumar, Georgia State University, Ann Pearman, PhD, Gerontology Institute, Georgia State University

58. Assisting Children in Understanding Dementia: Children's Literature and Family Caregiving
Jannie Engel, Barton College, Steven Fulks, PhD, Barton College Gerontology Program

59. The Impact of Caloric Restriction on Longevity in Individuals with Alzheimer's Disease
Nikki Glazier, Barton College

60. Walking Speed: The 6th Vital Sign
Kevin Chui, PhD., Sacred Heart University

61. Perceived Personality Change and interpersonal Memory Problems in Older Adults
Elena Gonzalez, Georgia State University, Ann Pearman, PhD, The Gerontology Institute, Georgia State University

62. Age Differences in Cortisol Reactivity by Stressor Type
Jessica Pruitt, B.A., Georgia State University, Ann Pearman, PhD, The Gerontology Institute, Georgia State University

63. A Strong Combination: Blending Gerontology, Exercise Science, and Athletic Training
Jennifer O'Donoghue, PhD, LAT, ATC, CSCS, Barton College, Steven Fulks, PhD, Barton College, Lindsay Toth, Barton College, Brittnay Bobbitt, Barton College, Tiffany Smith, Barton College

64. The Rewards of Temporary Visiting Grandparent Caregivers: A Study of Chinese Grandparents at University of Georgia
Yen-Lin Lee, MEd, University of Georgia

65. The benefits of an undergraduate degree in Gerontology
Steven Fulks, PhD., Barton College, Amanda May, MS, Senior Resources of Guilford, Abigail Harper, BS, Upper Coastal Plain Area Agency on Aging, Helen Urie, BS, Regional LTC Ombudsman

66. Arkansas AgrAbility Project
LaVona Traywick, PhD, MA, CFLE, University of Arkansas Div of Aging, Jessica Vincent, BS, University of Arkansas, Division of Agriculture

67. The Use of Days of the Week in a Modified Mini-Mental State Exam (M-MMSE) for Detecting Dementia in Geriatric Patients

Irene Hamrick, MD, East Carolina University, Brody School of Medicine, Razia Hafiz, MD, Fayetteville Veterans Administration Medical Center

68. An Irrational Barrier: Care Giving Challenges of Aging Lesbian and Gay Families

Nichole Crumel, Barton College, Kay Vines, Barton College Gerontology, Anita Fenner, Barton College Gerontology, Celine Lombadu, Barton College Gerontology

Presidential Symposium II (State Ballroom F) 10:30am-12:00pm

The New Aging Theory Enterprise: Historical Roots and Promising Directions

Victor W. Marshall, Sociology and Institute on Aging, UNC at Chapel Hill

Malcolm Cutchin, PhD, Allied Health Sciences and Institute on Aging, UNC at Chapel Hill
Mary Byrnes, PhD, Sociology, Western Carolina University
Candace Kemp, PhD, Gerontology Institute and Sociology
Dawn Carr, PhD, CPHAR, Institute on Aging, UNC at Chapel Hill

For budding gerontological theorists and those of us who just need to catch up, the second presidential symposium entitled, "The New Aging Theory Enterprise: Historical Roots and Promising Directions" will be an intriguing session. Co-presenters include Victor Marshall, PhD, UNC at Chapel Hill; Malcolm Cutchin, PhD, Allied Health Sciences and Institute on Aging UNC at Chapel Hill; Mary Byrnes, PhD, Sociology, Western Carolina University; Candace Kemp, PhD, Gerontology Institute and Sociology; and Dawn Carr, PhD, CPHAR, Institute on Aging, UNC at Chapel Hill. These social gerontologists will review theoretical developments and new 'hot topics' related to several themes including environment, health and aging; feminist perspectives; intersections of formal and informal care; the Third Age; and work, the life course and the risk society. Following a brief historical overview of theoretical developments in social gerontology, the participants discuss current hot topics in social theory in aging. An open discussion and Q&A will follow. The session may be of interest to anyone, but of particular interest to graduate students and social and public health scientists, and to practitioners who value theoretically informed research.

Lunch on Your Own 12:00pm-2:00pm

Committee Meetings 12:15pm-1:15pm

Want to get more involved in SGS? Pick a committee meeting and join in the fun!

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

Symposium III (Chancellor Rm)

69. Virtue Created by Barnes and Noble

Youngkyeong Sohn, PhD, University of North Carolina at Pembroke
Track: Social Economic Entrepreneurship

Workshop VI (State Ballroom E)

70. Strategies for Community Networking to Meet the Needs of People with Dementia in Rural NC

Melanie Bunn, RN, MS, Alzheimer's North Carolina, Lisa Levine, BS, Alzheimer's North Carolina

71. Sustainable Partnerships within Community-Based Cultural Competency Program Development

Jay White, MS, Virginia Commonwealth University, Tracey Gendron, MS, Virginia Commonwealth University, Shannon Marling, MS, Virginia Commonwealth University

Workshop VII (State Ballroom F)

72. Being an Effective Advocate in These Tough Times

Mary Bethel, MEd, AARP of North Carolina

Workshop VIII (University A)

73. The Use of Goal Attainment Scaling To Evaluate Programs That Provide Social Services To The Elderly:An OutcomeFocused Method Of Evaluation

Mark Krain, MA, PhD, School of Social Work University of Arkansas at Little Rock

Paper Session IX: Caregiving (University C)

74. Everybody Needs a Nurse--A View from the Private Sector

Diane Halloran, RN, MPH, Independent scholar/business owner, Jennifer Halloran, PhD, Independent Scholar/business owner

75. The Family Quality Of Life In Dementia Care: Instrument Validation

Ishan Williams, PhD, University of Virginia, Karen Rose, PhD, RN, University of Virginia, School of Nursing

76. The Effectiveness of RELIEF Program Volunteer Coordinators

Linda Vinton, PhD, Florida State University

Come and tell your SGS story! (University B)

Afternoon Break (State Ballroom Foyer) 3:30 – 4:00pm

Silent Auction Closes (Alumni Rm) 3:45

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

Symposium IV (Chancellor Rm)

77. Preventing Foodborne Illness Among Older Adults

Sheryl Cates, BA, RTI International, Sandria Godwin, PhD, Tennessee State University, Lee Ann Jaykus, PhD, North Carolina State University, Katherine Kosa, MS, RTI International

Track: Applied Research Best Practices

Workshop IX (State Ballroom E)

78. Supports and Services for Caregivers of Older Adults: Impact of National and State Health Care Reform Policies

Jodi Teitelman, PhD, Virginia Commonwealth University, Christine Jensen, PhD, The Center for Excellence in Aging and Geriatric Health

Track: Implications of Health Care Reform

Workshop X (State Ballroom F)

79. Addressing the Challenges of Employed Caregivers: AARP's Prepare to Care as a Workplace Solution

Suzanne Black, NC AARP, Luci Bearon, PhD, NC Coop Ext/NC State University

Track: Implications of Health Care Reform

Workshop XI (University A)

80. Aging And Disability Resource Networks: Opportunities And Challenges

Ed Ansello, PhD, Virginia Center on Aging, Virginia Commonwealth University

Paper Session X: Long Term Care (University C)

81. Culture Change in Nursing Homes: The Residents' Perspective

Louise Murray, EdD, University of North Carolina at Charlotte, Chuang Wang, PhD, University of North Carolina at Charlotte, Dena Shenk, PhD, University of North Carolina at Charlotte

82. Grief Support Services for Residents of Long-Term Care Facilities

Brittany Smith, MA (cand.), Appalachian State University, James R. Peacock, PhD, Appalachian State University, Ed Rosenberg, PhD, Appalachian State University

83. The Golden Nugget: Enhancing Regional LTC Infrastructure through Shared Longitudinal & Aggregate Functional Assessment Data

Elizabeth Friberg, DNP, RN, University of Virginia School of Nursing

Remembrance: Gordon and Ruth Streib (Chancellor Rm) 5:45pm-6:45pm

Dinner on Your Own

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The **Journal of Applied Gerontology** (**JAG**) is the official journal of the Southern Gerontological Society. Peer reviewed and published bi-monthly, **JAG** features articles that focus on research applications intended to improve the quality of life of older persons or to enhance our understanding of age-related issues that will eventually lead to such outcomes. **JAG** construes application broadly and encourages contributions across a range of applications toward those foci, including interventions, methodology, policy, and theory. Manuscripts from all disciplines represented in gerontology are welcome. Because the circulation and intended audience of **JAG** is global, contributions from international authors are encouraged.

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The three web-based training sessions were originally presented during the 2008 and 2009 AAAG conferences, *The Hidden Epidemic: Alcohol, Medication and the Older Adult*, supported through Virginia's Geriatric Training and Education initiative administered by the Virginia Center on Aging at Virginia Commonwealth University.

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Click on Course Providers (or Catalogs/Categories) and select Alcohol and Aging Awareness Group. Users then must log in to complete the courses that include pre/post tests, videos, power points, and **certificates of completion**.
Note: Internet Explorer 6 or higher must be used to access this web site.

The three highlighted sessions include:



Paul F. Aravich, Ph.D., Department of Pathology and Anatomy; Division of Geriatrics, Department of Internal Medicine, Eastern Virginia Medical School. In *Alcohol and Aging: The Good, the Bad & the Ugly*, Dr. Aravich draws from his vast neuroscience expertise and teaching experiences to dynamically relate the physiological basis for alcohol's good, bad and catastrophic effects in older adults. Learners also are informed of the relations between alcohol and dementia, as well as traumatic brain injury. (Run time: 44 minutes)



Dr. Frederic C. Blow, Ph.D., Professor of Psychiatry and Director, Mental Health Services Outcomes & Translation Section, University of Michigan Medical School; Director, VA National Serious Mental Illness Treatment Research and Evaluation Center (SMITREC).
Screening and Brief Intervention for Older At-Risk Drinkers outlines the history and what is currently known about the effectiveness of brief interventions. The presentation lays out the FRAMES approach to motivational enhancement and the rationale for each of the brief interventions steps. (Run time: 1:09:20 hours)



Debra Jay, nationally known speaker, author, and interventionist specializing in older adults.
Aging and Addiction: Helping Older Adults Overcome Alcohol and Medication Dependence provides a step-by-step guide to working with addicted older adults and offers insightful recommendations for understanding the responses of families. (Run time: 1:03:39 hours)

For questions please contact:
Regina Whitsett
regina.whitsett@abc.virginia.gov
804-213-4445

Sunday, April 17th

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

Workshop XII (Chancellor Rm)

84. Case Studies From The Front: The Use Of Genograms As A Best Practice For Exemplary Service Delivery
Jan Vinita White, PhD, Whitedeer Gerontology Counseling, LLC and Capella University; Linda F. Samuel, PhD, MSW, Savannah State University, Savannah, GA; William Dailey, EdD, MPA, California State University, Fresno, CA
Track: Applied Research Best Practices

Workshop XIII (University A)

85. Advocacy For An Aging Population At Risk For Sexually Transmitted Infections
Lee Ann Ferguson, MA, Appalachian State University, James R. Peacock, PhD, Appalachian State University
Track: Implications of Health Care Reform

Workshop IV (University B)

86. Reducing Hospitalizations of Frail Seniors By Moving Care and Coordination From Hospital to Home
Rona Bartelstone, LCSW, MSW, CMC, Senior Vice President of Care Management SeniorBridge

Paper Session XI: Community Collaboration (University C)

87. Applied Gerontological Research and Community Partnership: A Fantasy?
Jim Mitchell, PhD, Dept. of Sociology/Family Medicine, ECU, Maria McDonald, ECU, Department of Sociology
88. Working with Local Coalitions and Non-profits: Assumptions, Challenges, and Rewards
Nancy Brossoie, PhD, Center for Gerontology at Virginia Tech
89. Implementation of the Community Assistance Services and Supports (CLASS) Portion of HR3590 and HR4872
Steven Studebaker, MBA, CPA, CFP, Studebaker Investments, Inc
90. Building Aging Competencies: Gerontology Training for Counselors
Christine Jensen, PhD., The Center for Excellence in Aging & Geriatric Health, Williamsburg, VA

Paper Session XII: Community and Family Care (State Ballroom F)

91. The Experience of Elders, Caregivers, and Case Workers during the Medicaid Application Process
Jamie Hershaw, BS (candidate), The College of William and Mary
92. Evaluating a Community-Based Family Caregiver Training Program
Janet Witucki Brown, PhD, RN, CNE, The University of Tennessee Knoxville College of Nursing, Shu-li Chen, PhD, RN, CNAA, BC, Caylor School of Nursing, Lincoln Memorial University
93. Building New Options For Care: Boarding Homes For Elder North Carolinians, 1945-1960
Janna Dieckmann, MSN, PhD University of North Carolina at Chapel Hill

GRITS Closing Brunch: Honoring SGS Past (State Ballroom C) 10:30am-12:30pm

The closing SGS Brunch honors Gerontologists Rooted in the South - those who have been SGS members for 10 or more years. SGS founders laid an organizational and mission-driven foundation on which their successors built today's SGS. But what - if anything - is the "legacy" of SGS? How does it help explain the structure and status of SGS today, and what guidance might it provide for the future of SGS? SGS's own Wiley Mangum, Jan Wassel and Ed Rosenberg review SGS's past, assess its present, and propose alternative futures. At the end of the brunch, the GRITS of Distinction Hall of Fame will be unveiled. This honorific title will be bestowed on three distinguished members. Biographical information and SGS contributions of these GRITS of Distinction will be placed on the website along side of the SGS history. This will be established in hopes that the SGS membership will award GRITS of Distinction honorees each year for presentation at the annual conference.

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Abstracts

1. **Implementing the Village Model in North Carolina**

   Lindsey Haynes, MHA, Department of Health Policy and Management, UNC Gillings School of Global Public Health

   Most elderly prefer to remain in their homes and communities for as long as possible. Being attached to one's home or community enables individuals to feel a sense of security, identity, and connectedness to their environment, all of which can improve health and wellness. The village model is a concept that involves community-based support for neighbors who want grow old in their own homes. Individuals wishing to age-in-place in their neighborhoods come together to create a Village, and pay an annual fee for a range of supports and services depending on their needs. Although data is limited, there is evidence that home/community-based care is more cost-effective than institutional care. In Chapel Hill, North Carolina six small focus groups discussed the idea of having a village model in their neighborhood. A survey, including questions regarding level of interest, implementation barriers, and perception of service needs were distributed to participants. With the recent passage of health reform, several funding opportunities for public-private partnerships exist to help with the implementation of village model and its financial feasibility. This study examines the results of this survey and whether the village model can be implemented in North Carolina and other Southern states.

2. **Utilization of Electronic Information Systems in Assisted Living: Initial Findings**

   April Temple, PhD, James Madison University

   Electronic information systems (EIS) have potential to improve quality and reduce costs; however, use of EIS has been limited in long-term care settings. This study examines utilization of EIS in assisted living facilities (ALFs) and explores use of EIS in relation to organizational characteristics of ALFs. Primary data were derived from a random sample of 76 ALFs in Florida. Utilization of EIS in seven functional areas was examined. Chi-square and t-tests were used to compare use of EIS in relation to ALF organizational characteristics. The results indicate that ALFs most frequently used EIS for resident demographics (40%) and medication lists (47%) whereas relatively few facilities used EIS for physician notes (15%), nursing assessments (25%), problem lists (25%), discharge summaries (18%), or advance directives (11%). Larger facilities and chain facilities were more likely to use EIS for resident demographics and nursing assessments. ALFs with a Limited Nursing Services license were more likely to use EIS for discharge summaries, and facilities licensed as Adult Family Care Homes were more likely to use EIS for advance directives. The results indicate that use of EIS in ALFs is relatively low and suggest that organizational characteristics may be a factor in the adoption of EIS.

3. **Willingness to Participate in Sexual Hsitories: A Generational Examination**

   Ley Linder, MA (cand), Appalachian State University
   James R. Peacock, PhD, Appalachian State University
   Ed Rosenberg, PhD, Appalachian State University

   As more Americans live longer and healthier, sexuality becomes of greater relevance to elderly lifestyles and life satisfaction. Ageism and negative social attitudes hinder older people's attitudes and behaviors regarding healthy sexual lives. The idea of elderly asexuality creates problems regarding sexual health care, elderly sexual education, and the ability for older adults to receive comprehensive medical care that includes addressing sexual health issues. The sexual history interview is a tool to address such problems. As a result of ageism, social misconceptions, and general awkwardness, sexual histories are often excluded from and/or avoided in the general health care management of elderly persons. While one's current situation affects sexual beliefs, attitudes and behaviors, these are often also strongly shaped by generation and history. We present results from a sexual history survey of three generations: their experience with sexual histories, willingness to give sexual histories, and preferences regarding who records their sexual histories. For current and future generations of elders, sexual histories can help families, caregivers, health care professionals, and group/institutional residence staff understand current practices/preferences and their underlying reasons. This enhances both problem-solving and preparing/designing living and other social environments for elders.

4. **An Investigation of Psychosocial Influences on Attributions Toward and Willingness to Help Older Adults**

   Keith Dooley, PhD, Murray State University

   This study investigates psychosocial correlates of attitudes toward and willingness to help older adults. Subjects read vignettes describing the behavior of hospital patients who varied by age (adolescent, middle-aged, and older adult) and sex. Subjects answered questions regarding the cause of patient behavior and their willingness to help the patient. Responses were analyzed in light of subject demographic characteristics, educational experiences, and attributional complexity, a measure of the complexity and sophistication of attributional schemata. Results suggest that people make similar attributions for patient behavior regardless of patient age, but willingness to help may be influenced by sex of the helper and age of the patient. Attributional complexity did not influence attributions or willingness to help.

5. **Religious Behaviors and Elders' Health Status**

   Jean Pearson Scott, PhD, Texas Tech University
   Hyunsook Kang, PhD, TTU Department of Human Development & Family Studies

   This study examined the relationships among older adult's religious life and health. Religious life included frequency of religious service attendance, other religious related community activities, and religious preference. Data from the Social Capital Community Survey (Saguaro, et al., 2009) were used. The SCCS telephone survey included a national sample of adults at two time periods (n=29,233, 2000; n=12,100, 2006). It was hypothesized that older adult's religious life differentially influenced their perceived health status with older adults who were more involved in religious activities having higher perceived health status.

   In order to identify the associations between religious activities and health status, multiple regression analysis was conducted for both time periods. Results revealed that older adults who were involved in religious activities reported higher health status when other background variables were held constant. Furthermore, race, marital status, income, and gender affected health: Anglo as opposed to minority older adults, those married, with higher incomes, and female older adults reported higher health status. A directive for future research is to examine more diverse religious behaviors, attitudes, and meanings and health status indicators.

6. **What is Elder Law?**

   Jonathan Frank, JD, The Law Offices Of Jonathan S. Frank, PC

   The presentation will consist of three parts. First Mr. Frank will discuss what Elder Law is, why and when an Elder Law attorney should be used and how to find an attorney that specializes in Elder Law. Second, Mr. Frank will discuss the different types of services an elder law attorney covers including estate planning documents, guardianship and estate administration. Mr. Frank will give a detailed description of how each document works, including the new changes in the Living Will and Advanced Directives. Mr. Frank will talk about guardianship cases he has worked on and what the process was like for everyone involved. He will talk about when guardianship should be pursued and when it can be avoided. He will also talk about the probate process and estate administration. Last Mr. Frank will open the presentation to question and answer time.

7. **Assessment of the Legal Needs of Older Adults in North Carolina**

   Jennifer Morgan, PhD, UNC Institute on Aging
   Bill Lamb, CMSW, MPA

   Many older adults are vulnerable to threats to their health, dignity, wealth and independence. Older adults and their caregivers are often unaware that these threats might be best addressed through legal intervention. The UNC Institute on Aging in partnership with the NC Division of Aging and Adult Services, conducted a study of older adults and their potential legal needs. Findings from a statewide mailed survey of older adults (60 and over) indicate that older adults have a wide range of potential legal problems including problems with healthcare, income and benefits, housing, and consumer issues. Further, we learned that older adults prefer face-to-face legal advice; very few would prefer information via the internet. Implications for education and services will be discussed.

8. **Implementation of State-Based Silver Alert Programs: The Case of North Carolina**

   Takashi Yamashita, MA, Miami University

Dawn C. Carr, PhD, UNC Institute on Aging
J. Scott Brown, PhD, Miami University, Department of Sociology and Gerontology, Scripps Gerontology Center

As of August, 2010, 32 states in the US had Silver Alert (SA) policies in place as the primary mechanism to manage the problem of wandering among adults with dementia or other cognitive impairments (DOCI). The SA policies utilize both law enforcement and the general public to locate missing adults by providing information to media outlets and/or by activating an emergency alert system to create a coordinated search effort. Despite investments made in SA policies, little is known about how SA programs have been disseminated and utilized to manage the problem. North Carolina (NC) has posted publicly available data on Silver Alerts that have been activated since the program began in mid-2007, providing the unique opportunity to examine the characteristics of individual cases as well as the geographical distributions of Silver Alerts activated. Using GIS, a computer-based data management, visualization and analytical tool for spatially referenced data (e.g., county-level data), this paper examines Silver Alerts activated in NC in 2008 and 2009. Results indicate that there are salient geographical patterns related to activation of alerts during this time period across NC counties, with most alerts concentrated in the middle-eastern part of the state. Theoretical and Policy implications will be discussed.

9. **Web-Based Strategies for Program Assessment and Support in The New Aging Enterprise**

Jessica Hellerstein, BS, Virginia Center on Aging, VCU

Alcohol abuse and misuse in later life requires service providers to be equipped with adequate knowledge and skills to properly address this issue. The Virginia Center on Aging has joined with the Virginia Department of Alcoholic Beverage Control and the Virginia Association of Community Service Boards to provide three web-based modules to educate mental health, substance abuse, and other service providers on alcohol misuse and abuse in later life. This online training provides easy access to three important avenues for addressing the issues at hand. The topics cover screening and brief intervention for older drinkers at-risk, the neurological effects of alcohol in older adults, and addiction in family intervention settings. The web-based training provides invaluable skill sets for care providers and allows service providers to complete the trainings at their own pace. Pre- and post-training knowledge questions allow for a measurable account of gains through the training. In addition, changes in the service providers perceived effectiveness, knowledge, and comfort level using the skills acquired are also assessed. Using these results, we are better able to cater future training to the needs of the service providers in the New Aging Enterprise.

10. **Interprofessional Simulation Learning Activity Cognitive Assessment Older Adult)**

Barbara L Nunley, PhD, RN, GCNS-BC, West Virginia University School of Nursing, Charleston Division

A simulation learning activity centering on interprofessional education for health profession students has been developed to foster collaboration between the professions. Members of the West Virginia Geriatric Education Center along with Charleston Area Medical Center Simulation Center have produced a learning experience for graduate and undergraduate health professional students (medicine, nursing, pharmacy, and social work) to work as a team to assess a cognitively impaired older adult and family caregiver.

The interprofessional education activity concentrates on interprofessional team work and health literacy. Live actors are used for these learning activities with future videos being planned for dispersing to other learning centers. The simulation learning activity includes videotaping of patient/caregiver interviews, faculty checklists of the students, team meeting to plan care, debriefing sessions and actor evaluations of the learners verbal, para-verbal, and non-verbal interpersonal skills.

Evaluation includes pre- and post-tests and observation of student activity. Discussions are elicited regarding the students perspectives of collaboration between the professions. A research proposal will be presented to the Institutional Review Board to study the effects of this learning activity in developing communication skills with older adults and functioning as a member of an interprofessional team.

11. **Use of Complementary and Alternative Medicine by Older Adults with Chronic Conditions**

Elizabeth Tait, MS, PhD, UNC CHARLOTTE

Half of U.S. adults ages 50+ use complementary and alternative medicine (CAM). Little is known about reasons for CAM use. We examined CAM use for general health, immune function, physical performance, and energy, focusing on differences associated with chronic conditions. Data is from the 2007 National Health Interview Survey. There were 10,096 respondents ages 50+, representing 90 million Americans. Analyses included logistic regression, accounting for the survey design; weighted for national representation. Controls included ethnicity, gender, age, education, marital status, income, health insurance, health status, body mass index, and region. In adjusted results, those with chronic musculoskeletal conditions were more likely than others to use CAM for general health (OR 1.57, CI 1.40-1.75), immune function (OR 1.40, CI 1.25-1.58), physical performance (OR 1.76, CI 1.53-2.00), or energy (OR 1.49, CI 1.26-1.75). Those with depression were more likely to use CAM for immune function (OR 1.69, CI 1.20-2.38), physical performance (OR 1.97, CI 1.40-2.78), or energy (OR 1.97, CI 1.24-3.14). Older people with musculoskeletal conditions or depression are more likely than others to use CAM for health and well-being. Giving health care providers more CAM training may help them talk with older patients about coordinating conventional medicine with CAM.

12. **Effectiveness of Student Service Learning Partnerships for both Providers and Students**

    Deborah Farmer, PhD, Winston-Salem State University
    Shannon Mathews, PhD, Winston-Salem State University

    Purpose: Students earning undergraduate degrees in gerontology complete 540 hours of volunteer work with service provider partners. Although service learning appears to afford advantages for providers and students, it has not been systematically studied within our program.

    Methods: Service providers at partnering agencies were surveyed before and midway through the semester. They were questioned about the types of tasks students performed, utilization of students time and skills to fill programmatic and service gaps, and the skill set needed to equip students for careers in gerontology. Students completed baseline and follow-up surveys assessing their goals for service learning and how well those goals were met.

    Results: Data will be collected and analyzed during the fall 2010 and spring 2011 semesters.
    Conclusions: Service learning provides a win-win opportunity for students and service providers. Student volunteer hours enable providers to better meet client needs. Skills sets suggested by providers will be used to revise and enhance future service learning opportunities."

13. **Former Volunteers Report on the Most Meaningful Factors Affecting their Service with the Oregon Long Term Care Ombudsman Program**

    H Wayne Nelson, PhD, Towson University
    F. Ellen Netting, PhD, Virginia Commonwealth University
    Ruth Huber, University of Louisville
    Dan Agley, EdD, Towson University
    Kevin Borders, Spalding University

    The Long Term Care Ombudsman Program (LTCOP) was mandated by the Older Americans Act in 1978. Since then most state and local LTCOP leaders have struggled to recruit, train, and sustain enough volunteer ombudsmen to monitor America's elder care settings to improve resident care and quality of life. Unfortunately, research on how to motivate and encourage volunteer ombudsmen to improve their job commitment is limited. To shed light on volunteer ombudsman work motivation, 147 former Oregon ombudsmen volunteers were asked: what were the most meaningful aspects of your ombudsman work? Among the 298 responses given to this question, three domains were identified involving: (a) power issues (45% e.g. resolving problems/helping residents), (b) affiliation issues (41%, e.g. positive social contacts), and (c), program issues (5%, e.g. staff support and training). Former ombudsmen were also asked what would have encouraged them to have remained on the job. Five reasonably distinct domains emerged involving: need for improved program supports(53%), especially, better staff support; personal issues (14%), power issues (14%), system adversity (9%), and boredom (1%).

14. **State Long Term Care Ombudsmen's Perceptions of Their Readiness to Support Local Ombudsmen to Assist Nursing Facilities During Public Emergencies**

    H. Wayne Nelson, PhD, Towson University
    Daniel Agley, EdD, Towson University
    F. Ellen Netting, PhD, Virginia Commonwealth University

Ruth Huber, PhD, University of Louisville
Kevin W Borders, PhD, Spalding University

A telephone survey of 43 state Long Term Care Ombudsman Program (LTCOP) directors assessed their readiness to support local ombudsmen to assist facilities in protecting residents before, during, and after public emergencies. Thirty two state ombudsmen (78%) felt fairly well to fully prepared to support their local LTCOPs during a crisis. The State Ombudsman's length of service had no effect on their perceived disaster readiness. Univariate F-tests showed that State Ombudsmen who had experienced a public disaster were more familiar with a range of disaster management resources, job-aides, emergency plans, and disaster related rules and regulations for nursing facilities than state Ombudsmen who had not experienced a public emergency. Disaster tested state LTCOP leaders also felt better prepared to help their local paid and volunteer staff to know where to start helping residents during a disaster (p .013), and, although only approaching significance, felt somewhat better prepared to direct and coordinate their local personnel during a crisis (p .055). State ombudsmen recognize that disaster preparedness is now a viable and important ombudsman role and feel moderately well prepared to assist their local programs to effectively assess and advocate for facility disaster readiness, but express a need for additional training.

15. **New Designs for Assisted Living: Promoting Personalized Supportive Environments for Aging in Place**

Meldrena Chapin, PhD, Savannah College of Art and Design - Atlanta

The senior living industry is continually looking for innovative designs to attract new residents and promote aging in place. These student design projects combine the principles of universal design and active living to successfully create settings that encourage activity among the residents, regardless of the elderly individuals functional ability. Students were asked to create innovative personalized senior apartment design solutions that encourage social engagement, facilitate and support physical movement, and generate the appropriate stimulation needed to generate beneficial quality of life. Each design engages the principles of positive place experience and supportive design for elders in order to create a comfortable home.

16. **Using Interactive Theater to Reduce Ageist Views in Middle and High School Students**

Cherie A. Rosemond, PT, PhD, GCS, Institute on Aging, UNC Chapel Hill
Ben Saypol, ABD (Theater Delta)
Heather Altman, MPH
Pat Sprigg, MA, Carol Woods Continuing Care Retirement Community

Interactive Theater uses scripted and improvisational theater to promote social change in communities around the globe. It is based on the idea that when people participate in creating drama on stage, they are more likely to explore and change personal attitudes and behaviors in their own lives. Carol Woods Retirement Community and Theater Delta collaborated to create **Turnin' Crazy**, an interactive theater performance designed to facilitate positive relationships between young and old people. Seven performances were held in three high schools and one middle school in North Carolina. A total of 621 students and teachers participated in the performances. Students were engaged in the performances and rated them highly (3 / 4 on Likert scales) on the variables of knowledge acquisition, attitude change, and anticipated behavior change. When asked to describe what they learned about aging and ageism, students' responses included, "I had some prejudices I didn't realize I had", "I realized not all old people are the same," and "I will reconsider how I interact with my grandparents and their friends." Additionally, 56% of the students said they would consider working with older adults in their future careers as a result of participating in Turnin' Crazy.

17. **A New Collaborative Model: Report of the Congregational Social Work Education Initiative and Moses Cone Health System Congregational Nurse Program**

Wayne Moore, PhD, ACSW, North Carolina A&T State University
Janet Kanode, MSW, LCSW, Co-Director Field Instruction, UNC Greensboro
Lelia Moore, RN, BSN, FCN, Congregational Nurse Coordinator, Moses Cone Health System
Fran Pearson, RN, MSW, LCSW, CSWEI Project Coordinator, UNC Greensboro
Jay Poole, PhD, LCSW, Assistant Professor, UNC Greensboro

The continuing economic downturn has exacerbated the struggle to provide quality care and effective services to older adults and families confronted with health and mental health issues. This is reflected by higher caseloads, delayed responses, and limited resources. The Congregational Social Work Education Initiative (CSWEI) represents a unique community collaborative effort that utilizes social work students and congregational nurses to provide health and mental health services to older adults.

In 2007 the Moses Cone Health System Congregational Nurse Program, the social work departments of two local universities, fifty-four faith communities, and two nonprofit foundations launched this enterprise with the generous support from Moses Cone-Wesley Long Community Health Foundation. The model utilizes an innovative, community design pairing social work interns with congregational nurses to offer a holistic approach. This landmark partnership allows congregants to benefit from affordable, site-based biopsychosocial services in a familiar, trusted environment - their home and faith communities.

This symposium will outline this dynamic model, providing data regarding outcomes from the first three years of operation, and lessons learned in forming this interdisciplinary community partnership. Program tools will be available to assist participants who wish to develop and implement similar programs within their communities."

18. **The Next Four Decades The Older Population in the United States: 2010 to 2050**

    Patricia Fletcher, BA, MA, MS, U.S. Census Bureau

    Wilhelmenia I. Rembert, PhD, LCSW, U.S. Census Bureau

    The purpose of this report is to present information on how the age structure of the overall population and the composition of the older population in terms of age, sex, race, and Hispanic origin are expected to change over the next four decades.

    Between 2010 and 2050, the United States is projected to experience rapid growth in its older population. In 2050, the number of Americans aged 65 and older is projected to be 88.5 million, more than double its projected population of 40.2 million in 2010. The baby boomers are largely responsible for this increase in the older population, as they will begin crossing into this category in 2011.

    The aging of the population will have wide-ranging implications for the country. As the United States ages over the next several decades, its older population will become more racially and ethnically diverse. Projecting the size and structure, in terms of age, sex, race, and Hispanic origin, of the older population is important to public and private interests, both socially and economically. The projected growth of the older population in the United States will present challenges to policy makers and programs, such as Social Security and Medicare.

19. **Fit in 10: The New Exercise Recommendations for Senior Adults**

    LaVona Traywick, PhD, CFLE, University of Arkansas Division of Agriculture

    We are often told to exercise, but what does that actually mean? According to the 2008 Physical Activity Guidelines for Americans (2008) from the US Department of Health and Human Services, Exercise and Physical Activity (2009) from the National Institute on Aging, and Exercise and Physical Activity for Older Adults Position Stand (2009) from the American College of Sports Medicine there are four recommended styles of exercise, and to receive the benefits of exercise, one should do all four types. These are: 1) balance exercises, 2) endurance or aerobic exercise, 3) strength training exercise, and 4) stretching or flexibility exercises. But it is not just what one does, but how often. The new recommendations state adults should exercise on most days of the week in either continuous or intermittent activity to equal a minimum of 150 minutes per week. Intermittent means a minimum of 10-minute segments of exercise spread throughout the day. New research shows many health benefits from exercise can be achieved at lower intensities of exercise if the frequency and duration of the exercise are appropriate. This workshop will cover the new recommendations in dept as well as have attendees participate in some sample exercises.

20. **The Impact of Job Accommodations on the Participation of Older Employees with Mobility Disabilities in the Workplace**

    Jon Sanford, M.Arch, Center for Assistive Technology and Environmental Access, Georgia Tech

Although it is well documented that job accommodations can improve work activity/task performance of employees with disabilities, little is known about the impact of these interventions on participation outcomes, particularly of older workers. This paper presents initial findings from a survey to better understand the influence of accommodations on the participation of 50 office workers with and 31 employees without mobility disabilities. Participants were completed the Impact on Participation and Autonomy (IPA), which assesses frequency of social contacts; SF-8, a self-assessment of health and a participation survey. Participation did not vary by age or disability except for unmet needs in the common working spaces where significantly more employees with disabilities of all ages were dissatisfied with their participation in group projects ($p = .016$) and opportunities to participate ($p = .015$). However, older workers with disabilities had significantly lower participation all five IPA domains ($p = .000$). Findings suggest that unmet accommodation needs impact a sense of inclusion among employees with disabilities and that workers require accommodations in common workspaces to ensure participation in the workplace.

21. **Intergenerational Design: Applied Approaches to Inclusive Design and Interactive Technologies**

    Claudia Rebola, PhD, Georgia Tech

    Encouraging healthy aging at home and in the community is not only important to relieve our overtaxed healthcare system, but it is also a vehicle for promoting independence and quality of life among older adults. While remaining in the community provides substantial benefits for older adults and society as a whole, there a variety of challenging issues for successful aging. Unfortunately, many homes and communities are not designed to support the needs of older adults for healthy aging. There different approaches to consider when designing for a healthy aging such as the application areas of inclusive design, participatory design and interactive technologies design. This presentation will discuss approaches for designing tailored to healthy aging with an emphasis on humanizing technology by design, empowering users and celebrating the value of simplicity and tangibility in user-product interactions

22. **The Evolution of Later Life Migration Flows to Florida, 1935-2007**

    Don Bradley, PhD, East Carolina University

    Existing theory suggests that later life migration flows should evolve. At the societal level, industrial development should shape both the volume and character of later life migration. Extant theoretic models posit a multistage process. In the earliest phase, later life migration flows are predominately comprised of first-generation urban workers returning to rural communities of origin upon retirement. Later phases are characterized by the emergence of amenity-rich retirement destinations and a growing number of amenity-motivated later life migrants. Migration theory further implies that specific destinations and flows evolve in ways that, up to a point, support expanded migration and impact the composition of in-migration and out-migration streams. Only a handful of previous studies have empirically examined the evolution of later life migration flows. The present paper focuses on Florida and exploits census data from 1940 forward in order to describe and analyze changes in Florida in-bound and out-bound later life migration streams. Results highlight the dynamic nature of later life migration flows. Findings are discussed in the context of broader questions concerning later life migration impacts on receiving communities.

23. **An Intergenerational Science Processing Skills Intervention Improves: Well-Being for Dependent Older Adults**

    Ila Schepisi, MTS, CTRS, Virginia Tech Adult Day Services
    Caitlin Faas, MS, Virginia Tech

    The dependent older adult population can experience decreasing motivation to engage in life followed by loss of life satisfaction. Depressive symptoms can result, including loss of interest in things once enjoyed. Research demonstrates that depression affects not only emotional well-being, but cognitive and physical well-being also (Buettner et al., 2008). Therefore, poor life satisfaction and depression in older adults cost healthcare providers more money in treatment, medicine, supervision, and care. To increase overall natural motivators (wonder, anticipation, awareness, etc.) (Adams, 1995), staff were trained to facilitate use of comparable science processing skills (exploration, hypothesizing, communication, etc) within an adult day services setting. The Life Satisfaction (Lohmann, 1980) and Geriatric Depression Scales (Yesavage et al., 1983) were collected before and after the intervention. As a possible result of the facilitation of science processing skills, depression

scores significantly decreased over time, while life satisfaction scores followed, slightly increasing over time. Increasing natural motivators among dependent older adults is a low cost and effective method to increase his/her overall well-being. Other facilities may want to integrate science processing skills into activity programming as a cost effective way to improve motivation and overall well-being for dependent older adults.

24. **Keys to Enhancing Processing Speed: Results of Three Musical Training Interventions**

    Jennifer Bugos, PhD, East Carolina University

    Research suggests that bimanual coordination may impact cognitive abilities such as executive control and processing speed (Bangert, Reuter-Lorenz, Walsh, Schachter, & Seidler, 2010). The purpose of this research is to examine the effects of differential types of bimanual coordination (gross motor and fine motor) on cognitive abilities in older adults. We examined the effects of group piano instruction (fine motor), group percussion instruction (gross motor), and music listening instruction (control task) on processing speed in healthy older adults (ages 60-86). One hundred ninety-nine participants were matched by age, education, and intelligence, to three training groups. All participants completed a battery of standard cognitive assessments pre and post music instruction. Data was collected over three pairs of 16-week interventions. One hundred twenty-five participants completed the study. Results of a paired samples t-test for each individual group between pre and post-testing time points show significantly ($p<.05$) enhanced visual processing speed performance by all groups. Further analysis examining auditory information processing speed indicates significantly enhanced performance for the group piano instruction and group percussion instruction participants only. Active musical performance can greatly increase processing speed of both auditory and visual information.

25. **Sex and the Elderly: The Relationship Between Frequency of Sexual Activity and Happiness**

    Adrienne Jackson, PhD, Florida A&M University

    The purpose of this study is two-fold: (1) to examine the correlation between frequency of sexual activity and general happiness among older Americans and (2) to examine the correlation between frequency of sexual activity and marital happiness among older married Americans. This study employed quantitative data drawn from the 2004-2008 General Social Surveys. Two samples were used. The first sample included all respondents 65 years of age and older with valid responses for the dependent, independent, and control variables. The second sample was a subset of the first and included only the married respondents. Both bivariate cross-tabulations and binary logistic regression analyses were conducted. As expected, the data support a positive association between sexual activity and general happiness in both the total elder sample and the married elder sample ($p<0.05$). Also, as expected, the data support a positive association between frequency of sexual activity and marital happiness in the married elder sample ($p<0.05$). Even with the introduction of control variables, frequency of sexual activity was found to be a significant predictor of both general and marital happiness ($p<0.05$). This study suggests that sexual activity does indeed contribute the happiness and well-being of older Americans. It is necessary to examine and explore these relationships in order to better understand the factors contributing to the quality of life of older Americans.

26. **Depressive Symptoms in Older Adults: Conceptualization, Measurement, and Prediction**

    Jim Mitchell, PhD, East Carolina University

    Depression is the most widely reported mental disorder or condition in the U.S. population, purportedly affecting 15% to 20% of older adults negatively. This paper begins by discussing the conceptualization of depression in older adults, including possible difference in depression among adolescents, middle-aged adults, and older adults. Next, depression is explored methodologically as a multi-dimensional concept in light of its clinical treatment. Finally, the multi-dimensional properties of depression in older adults are explored quantitatively based upon first-wave Americans Changing Lives (ACL) data including 2,237 White and African Americans aged 45 years and older in 1986 as prelude to subsequent multi-wave analysis. Following assessment of the multi-dimensional properties of responses to the 11-item short form of the Center for Epidemiological Studies Depression (CES-D) measure, the main effects selected independent variables on each subdimension of depression is assessed. Independent variables include race (African American and White) with composite indicators of life strain,

financial strain, chronic conditions, functional limitations, social support, religious belief and participation, and self empowerment. Findings show difference in the effects of independent variables by depression subdimension. The implications of these findings for the treatment of depression in adults and older adults are discussed.

27. **The Benefits of Chi Kung for Older Adults**

    Ryan Duffy, BA, Virginia Commonwealth University
    Tracey Gendron, MSG, Virginia Commonwealth University

    Chi Kung is a holistic approach to well-being and health that is rooted in Chinese philosophy and medicine. As a discipline, it consists of three main principles: Movement, Breath, and Focus. Through these principles, Chi Kung aims to optimize individual's ability to function in a physiological, psychological, cognitive, and spiritual way. From a Reserve Capacity perspective, Chi Kung enhances coping resources in the practitioner. It also serves as a preventative and rehabilitative form of exercise for older adults because it focuses on parts of the body that they tend to have difficulties with, such as the joints, legs, lower back, and core. Additionally, Chi Kung serves to prevent, rehabilitate, and reduce the impact of disabilities on the older adult's quality of life. In this interactive workshop, participants will learn how Chi Kung can be implemented in a variety of settings and how it can benefit older adults with varying degrees of physical ability. Participants will also engage in basic exercises to learn how the principles of Chi Kung are implemented in different settings.

28. **The Labor and Social Security Impacts of Elderly Entrepreneurship**

    Ting Zhang, PhD, University of Baltimore

    This paper tested the labor and Social Security impacts of elderly entrepreneurship through a path analysis model. After reviewing previous literature on the aging population, it first hypothesized that developing elderly entrepreneurship can help mitigate the potential labor shortage and Social Security bankruptcy that are resulted from the aging population. After detecting spatial autocorrelation effects, it built a path analysis model incorporating a spatial vector. Based on this model and relying on data from the U.S. Census Bureau and Social Security Bureau, this paper empirically tested the labor and Social Security impacts of elderly entrepreneurship and found out that the path analysis model was robust and that elderly entrepreneurship had a positive impact on labor force size and Social Security trust fund contribution. This paper also discussed the definition of elderly entrepreneurship and the necessity and limitations of using this path analysis model. Finally, this paper concluded with policy implications.

29. **Images of Aging: An Analysis of Modern Maturity/AARP Magazine from 1980 to 2010**

    Anne Barrett, PhD, Florida State University
    Rebecca Redmond, Florida State University
    Jessica Roberts, Florida State University

    Sociocultural constructions of aging are shifting as Baby Boomers move from middle to later life; however, we know little about the images emerging in popular discourse. We address this issue by analyzing representations of aging reflected in a major periodical targeting older adults -Modern Maturity/AARP Magazine. Using a sample composed of two issues published in each year between 1980 and 2010 (n=60 issues), we analyze cover images, articles, advertisements, and letters to the editor. Our analyses reveal four tensions in images of aging: adapting to versus resisting aging; aging as an individual responsibility versus social issue; emphasis on historical events shared with age peers versus present or future experiences; and older adult's roles as producers versus consumers. We find that more recent images focus on resisting aging, which is constructed as an individual responsibility. They also focus on the present or future experiences of older adults and emphasize expanded roles in both production (e.g., paid and unpaid work) and consumption (e.g., travel, food). Our study also reveals the increasing prominence of the image of the super-successful ager, displaying high levels of physical or social activity and youthful appearance. We discuss the implications of these patterns for individual's experiences of aging.

30. **Lessons Learned from the Elderly: An Oral History Learning Project**

    Dezette Johnson, PhD, Johnson C. Smith University

    This study describes the implementation and evaluation of an oral history service-learning project in an undergraduate Human Behavior and the Social

Environment (HSBE) course. It explores the ways in which an oral history project can enable students to apply theoretical content from the course, provide details on project implementation, discusses evaluation of the projects impact on participating students, and discusses the lessons students learned from the elderly. The project matched students with older adults in local assisted living and nursing homes placements. The project offered students a real-life context for learning mandated HSBE course content; theories and knowledge of biological, sociological, cultural, psychological, and spiritual development across the life span; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being. The project also fostered meaningful relationships between the students and the older adult they were matched with.

31. **Familial Roles and Household Composition: The Case of Pitt County, Eastern North Carolina**

Gabriele Ciciurkaite, MA, East Carolina University
Sitawa Kimuna, PhD, East Carolina University

Households headed by grandparents are the fastest growing type of units in the United States (Bullock, 2004). Using data from 2004 Pitt County Telephone Survey, we examine the composition of households containing older adults; with a focus on those living with children and grandchildren. Our primary focus is whether an older adult lives with and supports a child or a grandchild or both. The key questions that we explore are: what determines this living arrangement for older eastern North Carolina residents? Do what extent does economic independence and other socioeconomic factors influence this type of living arrangement? Our aim is to help make up for the paucity of research on older adults in eastern North Carolina by providing descriptive information on the composition of households in which they live. Studying household composition will assist in understanding support mechanisms available to older adults in this region, and provide a useful formula for policy aimed at satisfying unmet needs

32. **The Changing Nature of Career Development in Health Care Organizations: The Case of Low-wage Workers**

Jennifer Morgan, PhD, UNC Chapel Hill
Janette Dill, MA, UNC Chapel Hill
Brandy Farrar, MA, NC State University

To remain competitive in the face of structural changes in the economy, employers have shifted the risk and responsibility of education and career development to workers. This general trend has resulted in precarious employment arrangements for many workers, and has been especially problematic for low-wage workers who face obstacles to pursuing education and skill development. It seems, however, that some health care employers may be re-assuming this risk in order to meet their increasing skill and labor demands. The purpose of this paper is to describe a case study of shifting the risk for education and career development back from workers to employers. Using qualitative and quantitative data from a workforce development program attempting to educate and advance frontline health care workers, we: (1) describe the challenges that low-wage frontline health care workers face in pursuing education and skill development, (2) identify the motivations that healthcare employers have for assuming the risk of education and career development for these workers, and (3) present the strategies these employers engage in to meet their workforce objectives. Findings suggest that employers are assuming some risk and responsibility for educating and advancing workers, but not without mitigating that risk through various strategies.

33. **Toward A Taxonomy of CNA Misbehavior**

William L. Tullar, PhD, UNC Greensboro
Terrie C. Reeves, PhD, UNC Greensboro

Nursing assistants earn wages just above the minimum wage, and their work is physically demanding. They typically come from upper lower and lower middle class backgrounds where their opportunity set is limited. They often work double shifts and weekends just to make ends meet. Their job is physically tough, mentally stressful, and their pay is low.
As of 2008, among all occupations in private industry, the illness and injury incidence rate among nursing and residential care facility employees is second highest of all occupations in the United States, and among State government employees, nursing and residential care facilities employees have the highest incidence of injury and illness (Bureau of Labor Statistics, 2009). The amount of back-breaking work required of nursing aids increases each year (Crickmer, 2005), yet nursing aids are seldom allowed overtime to complete their work. The result of a weekly 40+ hour grind is discouraged and dispirited workers, who are

likely to quit and/or retaliate against their employers (Bishop et al., 2008; Ejaz, Noelker, Menne, & Bagaka's, 2008; Parmelee, Laszlo, & Taylor, 2008). This is the genesis of misbehavior among nursing assistants. Anecdotal evidence suggests that nursing aids are responsible for many of the deficiencies for which long term care facilities are cited by regulators, and in some instances, even for nursing facility deaths (Mitka, 1998). Facilities with a greater frequency of deficiencies were found more likely to be party to law suits (Johnson, Dobalian, Burkhard, Hedgecock, & Harman, 2004). Facilities with greatest number of deficiencies are also more likely to be decertified to receive Medicaid and/or Medicare reimbursements. Misbehaviors are likely to lead to a higher incidence of falls and bed sores in residential care. These are two criteria common to state rating systems - - so the facilities with the highest rate of misbehaviors are likely to be those that get lower state ratings. This is a self perpetuating system since lower ratings typically mean that more discerning decision makers will place residents in the highest quality care that they can afford.
Misbehavior plays a critical role in the ratings that facilities get. This paper outlines a system for classifying and thus confronting nursing assistant misbehavior

34. **Development of a Medication Therapy Management and Reconciliation Model for Durham Community Resident Seniors in Durham County, NC**

Robin Ali, MD, Pharm D, Duke/Community and Family Medicine Division

Background: Duke Medicine and the Durham community partnership named Durham Health Innovations (DHI) awarded a planning grant to a diverse team (HIP Seniors) to develop a model to improve senior's health. The Expanded Chronic Care Model (ECCM) provided a basis for the HIP Seniors proposed model of care which included a medication therapy management (MTM) and reconciliation component.

Objectives: To design a model of care to help improve medication therapy management through post-hospitalization follow-up on medication regimens with either their primary care clinic or with a community-based pharmacy service organization. To propose all seniors in Durham be provided with a reconciled medication list that is shared through an electronic record.

Methods: Brief interviews of clinical providers, focus groups of community seniors, and a survey of community registered pharmacist registered with the North Carolina Board of Pharmacy on their current practices as related to medication management services.

Results: Seniors greatest concern was a lack of coordination concerning medication management. The seniors desired from their pharmacist to better understand their medication regimen and drug interactions. In follow-up, the team developed a community pharmacist shared health record information pilot study currently underway.

35. **Mindfulness Based Therapies for Chronic Conditions in the Elderly: Their Acceptibility and Efficacy**

Herbert Harris, MD, PhD, Welcare Counseling Services

In this presentation we will discuss the development of a pilot program directed at introducing mindfulness-based psychotherapies for chronic conditions prevalent in older adults. We are developing structured approaches for the introduction of novel therapies incorporating meditative practices in a manner that is acceptable to older adult clients. Mindfulness-based practices are becoming increasingly well accepted as part of the treatment for a number of common chronic illnesses. The specific conditions for which mindfulness-based approaches have demonstrated efficacy includes; depression, anxiety, stress, and chronic pain. Despite the efficacy of mindfulness-based treatments, application of mindfulness-based therapies to chronic problems of older adults is a relatively underexplored area.

We present a pilot program developed to introduce mindfulness-based treatments both as monotherapy and as adjunctive therapy coupled with cognitive behavioral therapies into populations of high functioning older adults. Our aim was to develop a mindfulness training procedure that are optimized for older adults. After completion of training and practice sessions, we applied outcome measures that assess client acceptability and compliance with these new therapeutic modalities. In addition, overall efficacy of mindfulness-based therapies on target symptoms associated with depression, anxiety, stress, and chronic pain is explored."

36. **The Silver Mixed Use Center**

William Wade, BA/JD, Vassar College/Cleveland Marshall College of Law

What are the keys to making South Hampton Roads Virginia a place where seniors and people with disabilities will desire to age in place? What are the keys to making this region a livable community? This is the question considered by Senior Services of Southeastern Virginia over the past 18 months through surveys, focus groups and steering committee meetings. In two surveys over 1,000 seniors, were asked to list the top 3 characteristics that make this region an ideal community. The availability and affordability of accessible housing ranked highest as their most pressing need. Some experts assert that seniors need to continue to live in and be a part of their community and that a comprehensive linkage between housing and services would facilitate such aging "in-place". The aging in place process refers to seniors who receive services in the same place as their needs change. These include seniors who live independently in their own homes, in senior housing and in their communities with supportive services provided by outside agencies. Affordable and accessible housing is a key to making this a livable region. In response to this concern, Senior Services is developing a mixed-use residential land use model as a timely option to traditional and isolated affordable senior housing. The model replicates market rate town center developments which are too pricey for seniors on a fixed income. The senior mixed use center will incorporate both residential and commercial usage targeted for the overall livability of seniors and people with disabilities.

The first such project will be the adaptive rehabilitation of an historic African American high school located in rural Franklin, Virginia. The project will transform a 52,000 square foot historical building into a landmark model mixed use facility with 25 affordable residential units and the following usages: 1) the rural administrative offices for Senior Services including, long term care coordination, transit and wellness program and a licensed adult day care center; 2) the STOP Organization will operate a Head Start center and plans include operation of inter-generational programming; 3) the Hayden Group, Inc. (a non profit organization managed by Hayden alumni) will operate an African American Heritage center/museum; 4) Horizons Health Services, Inc. will operate a community clinic; 5) a 5,700 square foot multi-purpose room for community rental; and 6) a full service cafeteria will be operated by a private vendor to support the following food service needs: a) Senior Services home delivered, congregate and adult day care programs; b) Head Starts students and staff; c) Bakers Home, an off-site minority owned home for adults; and d) patrons of the various tenants and multi-purpose room activities.

The silver mixed use center has been designed with the intent of replicating the concept throughout the region thus increasing the stock of such needed housing for seniors in this region.

37. **Entrepreneuship in Aging and Community Collaboration: Students and Services**

Rosemarie S. Lamm, PhD, University of South Florida Polytechnic

In order to promote gerontological knowledge with integration into the applied settings, community collaboration is vital. Collaborative education integrates students, faculty and service providers with the aging population. This experiential pedagogy allows the students' to integrate cumulative knowledge with "real situations". Faculty, supervisors, and students are able to assess their learning and competencies while demonstrating their knowledge and skills. This form of engagement also promotes a laboratory for development of research models in order to enhance program development. While engaged in this educational collaboration, students are developing professionally. The community benefits from the association with the university, faculty and students engaged in the learning process. These experiences promote the application of information and research data to further develop and sustain entrepreneurial program development. Community collaboration also provides the students with direct knowledge of the programs and individuals they will encounter when completing their studies. These network developments also enhance the faculties ability to access information for further development of research. Experiential learning combines goals of both the university and the community."

38. **Coping Strategies of Survivors of Death, Life Threatening Illness and Serious Accidents**

Shanta Sharma, PhD, Henderson State University

The purpose of this study was to compare the coping strategies of different age groups of adults who are the survivors of death, life threatening illness, and serious accident.

Study data was collected by questionnaire from 573 residents who were living in the Southern Arkansas.

Thirty-five Point one percent were males and 64.9% were females; 14.8% were in less than 20 Yrs. age group, 38.6% were in 21-30 Yrs age group, 12.9% were in 41-50 Yrs. age group & 10.6% were in 61 & above age group; 46.6% were single, 65.1% were White, 31.9% were African American, 55.5% were from Middle class & 33.3% were Protestant,56.9% were from other religions.

Descriptive statistics indicated 44.4% Prayed,71.6% believed God helped them, 66.5% accepted it, 69.3% kept busy, 74.3% cried,50.4% were supported by friends, 82.2% did not think & 47.1% dealt on day to-day basis. No one used medication as a coping strategy.

Crosstab results revealed significant differences and similarities in coping strategies by gender, race & religion. The findings indicated the need to integrate death and dying education into multidisciplinary curriculum at higher education level.

39. **The Subjective Experience of Older Males with Spinal Cord Injury**

Ryan Guyder, BS, MSc, UNC Wilmington
Eleanor Krassen Covan, PhD,UNC Wilmington
Candace Ashton-Shaeffer, PhD,UNC Wilmington

Researchers implement grounded theory to investigate subjective experience of older males living with incurred, long-term spinal cord injury (SCI). Semi-structured interviews reveal that individuals with SCI have different perspectives on aging than able-bodied people, and that these perspectives also differ from those of the professionals who work with them. The iterative method of grounded theory affords systematic analysis of data to compare with literature on aging and SCI. In this instance, researchers explore the extent to which exchange, conflict, and symbolic interaction paradigms are useful for interpretative analysis. Implications are formulated regarding theoretical and phenomenological concepts. A preliminary list of avenues of inquiry guided initial conversations with informants. Insights are revealed about their situations, experiences with stigma, dynamics of self-image, coping strategies, adapting to life with a disability, capacity to manage activities of daily living (ADLs), overcoming some physical challenges, and pre- and post-injury quality of life (QOL). Finally, researchers compare and contrast selective themes and relationships among the data with germane theories of interest. Based on their findings, the authors argue that practitioners and researchers should consider the perspective of persons living with spinal cord injury when developing general theories of aging.

40. **The Life Experience of Iranian Immigrants Elderly in the United States**

Farah Gilanshah, PhD, University of Minnesota-Morris

Since the Iranian revolution of 1979, a large group of Iranians migrated voluntarily/involuntarily to the United States. At the present time, they are becoming part of the new aging population of the United States.

The purpose of the present study is twofold: 1) to understand their experience with aging process and 2) their copying strategy dealing with issues related to aging in the new world. The method of this study is based on extensive literature reviews

This study is significant for:1) to benefit not only the Iranian immigrants but also other immigrants with similar backgrounds, 2) to provides a new ethnic dimension to the study of aging in the U.S. and 3) to suggest a research design for further study in this area"

41. **Exploring Public-Private Partnerships to Improve Transitions, Decrease Re-Hospitalizations, and Streamline Access to Services and Supports**

Heather Altman, MPH, Carol Woods Retirement Community
Jan Moxley, MS, North Carolina Department of Health and Human Services
Angel Dennison, MBA, CPM, Chatham County Council on Aging
Brenda McCall, RN, BSN, UNC Hospitals

Hospital readmissions for older adults and adults with chronic illnesses are frequent, costly, and potentially avoidable. The recently passed health care reform legislation highlights the importance of initiatives designed to prevent readmissions. In 2009, North

Carolina received a grant from the Centers for Medicare and Medicaid Services to create a statewide, integrated, person and family-centered hospital discharge planning system. Objectives are to enhance the ability of current community organizations to provide person-centered hospital discharge planning and transition support, develop models that ensure that individuals have maximum options to return home post hospitalization when it is their preference, and create processes for communities to share tools and resources, learn from each other, and evaluate their own outcomes. This Symposium will discuss the process, outcomes and lessons learned to date of the public-private partnership that is involved with this initiative, sharing the perspective of critical partners, including: the state, through the North Carolina Department of Health and Human Services, the community, through the Chatham-Orange Community Resource Connections for Aging and Disabilities, and the hospital, through the University of North Carolina Health Care.

Individual Presentation Titles:

Jan Moxley: The States role in supporting access to services and supports and person-centered hospital discharge planning.

Angel Dennison: The Community's role in coordinating community-based efforts through the Community Resource Connections for Aging and Disabilities initiative.

Brenda McCall: The Hospital's role in strengthening transitions and reducing preventable readmissions.

42. **Identifying and Understanding Key Neuropsychological Symptoms of Dementia**

Christine Cauffield, PsyD, Cauffield and Associates

Americans are living longer, and the ability to identify, diagnose, and treat cognitive disorders is paramount. Clinicians will be required to recognize and treat the complex interplay of psychiatric disorders, physical illness and cognitive deficits that many seniors experience.

This workshop focuses on educating clinicians on common neuropsychological symptoms that often point to cognitive impairment. Participants will learn how to identify clinical symptoms of various syndromes, including frontal lobe disinhibition. A case study will be reviewed, with discussion of appropriate interventions.

43. **The Challenges and Benefits of Diversity in the Service Learning Experience: Case Study of UNC Charlotte**

Dena Shenk, PhD, UNC, Charlotte
Cynthia Hancock, PhD, UNC Charlotte
Louise Murray, EdD, UNC Charlotte
Apostle Timothy Wright, Administrator, Madison Saints Paradise South Senior Living
Christine Churchill, MA (candidate), UNC Charlotte
Jeena George, MA (candidate), UNC Charlotte

This workshop will highlight the challenges and benefits of resident and student diversity within the UNC Charlotte Gerontology Intergenerational Service Learning project. Discussion will be based on the findings of a study of the experience of UNC Charlotte undergraduate students and the residents and staff of Madison Saints Paradise South Assisted Living (MSPSAL), an African American owned and operated assisted living community. As a result of our partnership with MSPSAL, students have the opportunity to interact with a more diverse population of older adults while completing their required Service Learning project. Focus groups have been conducted with students, staff and residents and the presenters will discuss the perspectives of Gerontology faculty and students, and the Administrator, staff and residents of the assisted living community. Initial reports were that the conversation partners at MSPSAL were taking on broader roles in interacting with their student partners, particularly with African-American student partners, reflecting the strong tradition of mentoring within the African American community. We will also discuss how the findings will be used to enhance our model in order to encourage, utilize, and promote an appreciation of the diversity of the older adult population while building strong community ties.

44. **Suicide Among Elders: A Durkheimian Proposal**

Stephen Marson, PhD, ACSW, Department of Sociology,UNC Pembroke
R. Marlene Powell, PhD, Department of Sociology, UNC Pembroke

This paper explores the benefits of using Durkheim's suicide typology to guide gerontological practitioners. Rather than treating suicide as an individual,

psychological problem, Durkheim claims that the structural factors of integration and regulation impact suicide. We claim that understanding the four types of suicide that result from these can help gerontological practitioners develop prevention methods that may reduce suicide among the elderly. Based on Durkheim's theory, we offer practical guidelines to help practitioners identify and prevent potential suicides among their elderly clients.

45. **The Social Lives of Old Women Living in a Rural Area**

Youngkyeong Sohn, PhD, UNC Pembroke

Old women are better at making and sustaining intimate friendships than old men. After being retired, losing a spouse, some women in later life need to geographically move to a new location close by where their adult children are living distancing from the community they used to live. They need to reestablish new social lives beyond neighbors and family. There has been little knowledge in the quality of social lives about women at this stage in life who live in a rural area.

This study explores the changing forms and functions of social lives among women in later life by using a qualitative method. Detailed information will be obtained from eight or ten members of National Scrabble Association in a public place, the cafÃ© of Barnes and Noble, where they play the game every Tuesday. It will be gathered by in-depth interviews and participant observation. This study draws attention to a new approach to study older women in a public place.

46. **Assessing the Effectiveness of Montessori Activity Planning for Persons with Dementia**

Jenessa Steele, PhD, Radford University
Jill Sueskind, BS (candidate) , Radford University

Approximately 50% of all nursing home residents have a recorded diagnosis of Alzheimer 's disease or dementia (American Health Care Association, 2009). However, few facilities are equipped for dementia-appropriate programs. Additionally, although Camps (1999) development of Montessori-based Dementia Programming has been widely advocated in nursing homes, few published studies have evaluated the effectiveness of Montessori-based programs for dementia (Judge, Camp, Orsulic-Jeras, 2000; Orsulic-Jeras, Judge & Camp, 2000). The proposed study will conduct a single-subject, repeated-measures design to assess the effectiveness of standardized Montessori materials in promoting quality of life among adults with dementia. The proposed study will collect baseline data on five nursing home residents with a diagnosis of moderate to severe Alzheimer 's disease or dementia and score accordingly on the Mini Mental Status Exam. A trained research assistant will conduct standardized Montessori-based activities with individual participants for 45-min, three days per week for eight consecutive weeks. Data will be collected on the participant's progression through upward and downward extensions of Montessori materials (i.e., sensory, fine motor, matching, spatial, seriation), engagement with materials, and subjective emotional salience. Proxy data will also be collected from nursing home staff. Discussion will cover the effectiveness and use of Montessori-based programming for adults with dementia.

47. **Risk Factors for Total Knee Arthroplasty**

Shannon O'Connor, MA, School of Medicine, University of Maryland

Osteoarthritis (OA) is a widely prevalent disease among older adults in the United States and the leading cause of activity limitation and disability. Currently, few therapies are available to treat osteoarthritis. OA is a progressive disease causing pain, aching, discomfort, stiffness and fatigue, resulting in functional impairment and activity limitation. Currently, therapies are only able to reduce pain, inflammation, and disability associated with OA, rather than to reduce degenerative structural changes, such as cartilage and bone deterioration, that cause osteoarthritis. Individuals with severe symptoms of OA are potential candidates for total joint replacement surgery, which is considered to be the gold standard for treating symptoms of end-stage osteoarthritis. As total joint arthroplasty is an elective procedure, predictive factors include multiple decision models surrounding treatment. While a number of studies have examined risk factors for OA, few have been conducted to identify risk factors for total knee replacement surgery. This study estimates the incidence of total knee replacement in a cohort of older adults, and identifies risk factors for clinically relevant outcomes, including the development of significant functional limitation and disability and total joint arthroplasty of the knee.

48. **Walking Speed: The 6th Vital Sign**

Kevin Chui, PhD, Sacred Heart University

Background: Walking speed has been described as a nearly perfect clinical measure, based on strong evidence of its validity, reliability, sensitivity and specificity, responsiveness, and relationship to other indicators of function and to fall risk. Purpose: We present evidence supporting inclusion of SSWS as a vital sign indicator of health and functional status in the examination of every aging adult. Methods: Integrative review of the literature on use of SSWS as a key indicator of functional and health status, and development of a SSWS risk classification. Results: Optimal SSWS, even into very late life, appears to be 1.2 m/sec or faster. Minimum safe walking speed as an indicator of fair to good health and community function appears to be 1.0 m/sec. Walking speeds between 0.6 and 1.0 m/sec are indicative of need for further examination of potential remediable contributors to risk of functional decline and morbidity. Individuals walking at < 0.6 m/sec are most at risk of dependence, institutionalization, falls and death within the next 5 years. Clinical Relevance: SSWS is a meaningful and important indicator of health and functional status that can be used as a screening tool to identify those aging adults most in need of intervention.

49. **Comparison Between Self-reported and Performance-based Assessment of Mobility in the Prediction of Mortality Among Older Mexican Americans**

Sang Gon Nam, MS, University of Texas Medical Branch
Kyriakos Markides, PhD, University of Texas Medical Branch

Measuring physical impairments could provide a primary gerontological issue because older adults judge their well-being in terms of independence. Performance-based (Performance-Oriented Mobility Assessment, POMAs) and self-reported assessments (Activities of Daily Living, ADLs) of mobility are strong predictors of health related events, such as disability and mortality. However, few studies have compared performance-based and self-reported assessments in mobility in order to predict mortality in older adults, and have focused on older Mexican American. The objective of the present research is to test the concordance between performance-based and self-rated assessments with walking across a small room without any people or devices help (ADLs) or a timed 10-foot walking (POMAs) using data from baseline to Wave 5 and Wave 6 of the Hispanic Established Population for the Epidemiological Study of the Elderly. Using logistic regression investigated mortality, along with age and sex, CES-D, and MMSE in Mexican American aged 75 and over using the concordance between performance-based and self-rated assessments in disability mobility. I hypothesize that as an objective measure of physical function, performance-based assessment of mobility will perform better in predicting mortality. However, self-reported assessment of mobility will show a comparable ability to predict mortality.

50. **A Six-Form Tai Chi Intervention for Older Adults**

Hao Liu,PhD, PT, University of North Texas Health Science Center
Clayton Holmes, PT, University of North Texas Health Science Center
Mike Connors, University of North Texas Health Science Center
Victoria T. Grando, RN, PhD. Arizona State University School of Nursing

Many different Tai Chi (TC) programs are too long (having 13 or more forms) for older individuals to learn. This study was to evaluate the effectiveness of a sequential 6-form TC intervention in older adults. Fourteen older individuals who are functionally ambulatory and mentally intact participated in this study. The outcomes were measured with self-reported balance (SRB) and Single Leg Stance on left and right leg (SLS-L and SLS-R on) for balance ability, trunk rotation to left and right (TR-L and TR-R) for flexibility, hand grip strength (HGS) and Chair Rising Test (CRT) for lower extremity strength. Ten subjects, average age of 78.25, completed this TC program (60 min/time, 3/week for 12 weeks). The paired t-test based on these 10 subjects showed that subjects performed significantly better on the posttest than the pretest with improvement in SRB, SLS-L, SLS-R (p â‰¤ .001), TR-L and TR-R (p â‰¤ .01), and HGS (p < .05), but not for CRT (p > .05). The results demonstrated that this short TC program is an effective exercise program for older adults to improve balance, flexibility, and hand strength, but not sure for increasing lower extremity strength. It could be selected for balance improvement intervention.

51. **Elder Abuse and Neglect: An Overview of Assessment Tools and Interventions, and Recommendations for Effective Service Provision**

Bethany Imbody, MSW, DePaul Community Resources

Etty Vandsburger, PhD, LCSW, Radford University

With communities rapidly aging and the growth of older adult populations projected to increase exponentially, there is a clear need for greater knowledge on how to serve elders. An increase in number of older adults means a likely increase in elder abuse and neglect. Professionals who work with older adults must have the ability to recognize cases of abuse and neglect and follow up with effective service provision. Through surveying recent literature (1998 - 2010), this paper provides an overview of existing assessment tools and interventions; describes characteristics of effective service provision; and, offers recommendations for best practice and future research. Each tool reviewed possesses unique strengths, yet there still lacks an instrument that encompasses all needs: brevity, thoroughness, and user-friendliness. Instruments that incorporated both caregiver and care recipient interviews and relied on collaboration and input from others were effective, yet often impractical for use in a typical setting. Conversely, tools that were brief and user friendly often did not provide a satisfactorily comprehensive picture. Best practices for service provision to abused and neglected elders were reviewed including the need for multidisciplinary collaboration; cultural competency; professional training; and, a response to ageism in society.

52. **The Impact of Religious Factors on Current and Past Suicidality Among the Elderly**

Nicole Collins, BA, Florida State University
Elizabeth Corsentino, BA, Florida State University
Natalie Sachs-Ericsson, PhD, Florida State University
David Steffens, MD, MHS, Duke University Medical Center

Objective: Elderly people, particularly those with major depression, are at elevated risk for suicide. Religious involvement has been shown to favorably impact a range of health outcomes, including reducing the odds of death by suicide. However, not much is known about the effects of religious involvement on suicidal ideation in the elderly or which aspects of religious involvement are beneficial.

Method: Participants were 248 depressed patients 60 years and older enrolled in the Neurocognitive Outcomes of Depression in the Elderly (NCODE) study. Current suicidality was assessed using the suicidal thoughts item from the Montgomery-Asberg depression rating scale (MADRS). Past history of suicide attempts, current frequency of religious attendance and private religious activities, self-rated importance of religion, and control variables were assessed via self-report.

Results: Religious attendance, above and beyond religious importance, private religious practices and social contact, was associated with reduced current suicidality. Current religious practices were not predictive of retrospective reports of past attempts.

Conclusions: The immediate benefits of religious activity on current suicidality are specific to religious attendance rather than other religious factors. Clinicians should consider religious attendance patterns when assessing for other known risk and protective factors for suicide."

53. **Recycling Mentors: An Intergenerational, Service-Learning Program to Promote Recycling and Environmental Awareness**

Elizabeth Fugate-Whitlock, PhD(c), UNC WILMINGTON

Michelle Lee D'Abundo, PhD, MSH, CHES, UNC WILMINGTON
Eleanor Krassen Covan, PhD, UNC WILMINGTON
Kelly Ann Fiala, PhD, ATC, Salisbury University
Ashton Luongo, UNC WILMINGTON

The purpose of Recycling Mentors, an intergenerational service-learning program, was to promote recycling and environmental awareness among students enrolled in Community Health (HEA 301) and Current Issues in Gerontology (GRN 440/540)) and older adults (over the age of 60) in New Hanover County. During the Fall 2009 semester, 40 students participated in the program with 80 older adults, equally split among intervention and control groups. Pre/post surveys were used to measure the knowledge, attitudes and behaviors of students and the older adults. A sub-set of older adult participants completed semi-structured interviews and the intervention group members set goals related to recycling. Older adults set recycling goals that ranged from starting to recycle paper, signing up for curbside recycling, using water filters or reusable water bottles,

and using cloth shopping bags. A two-way ANOVA with a within-subjects factor, time (pre and post), and a between-subjects factor, group (control and intervention), will be conducted to determine if differences in recycling knowledge, attitudes and behaviors exist in older adults. Qualitative data from the semi-structured interviews and the intervention will be presented. This project is an example of how service-learning benefits the community while also positively influencing students and older adults participating.

54. **Inter-university Multidisciplinary Collaboration Extends Research Capacities**

Jacquelyn McClelland, PhD, North Carolina State University
Luci Bearon, PhD, CFLE, North Carolina State University

Obesity and overweight are health issues that affect all segments of society including the older population. Using a case study of a 5-year collaborative NIH-funded research study, presenters will illustrate how faculty at a land grant university with the outreach of Cooperative Extension formed a bridge between clinical researchers at a private institution and the public. Presenters will describe the Cooperative Lifestyle Intervention Project, a randomized controlled clinical trial conducted by Wake Forest University in collaboration with NC State University, to compare the impact of physical activity and diet versus physical activity alone on weight loss and mobility for moderately obese or overweight adults age 60+ in three North Carolina counties. The session will present lessons learned from this first-of-its-kind partnership and how collaboration with Cooperative Extension extends the capabilities of a research enterprise to the community, illustrating the little-known role and value of Extension's unique attributes: (1) a consumer-focused mission; (2) extensive infrastructure, outreach, networks and access; and (3) campus and field faculty with subject-matter expertise in aging, nutrition and chronic disease, and familiarity with both worlds of research and community education. Implications for planning such collaborations will be shared."

55. **Well-Being Picture Scale: Utilization in Assisted Living Settings**

Martha H. Bramlett, PhD, UNC Charlotte
Carol Heglar, BSN, UNC Charlotte

The Well-Being Picture scale (WPS), a 10 item scale, was developed as a measure of global well-being that could used in a wide variety of populations, regardless of language and literacy skills. Gueldner et al (2005) proposed it as a potential measure for those who were too weak or frail to answer a longer questionnaire. The purpose of this study was to establish the psychometrics of the Well-Being Picture Scale (WPS) in a sample of older adults residing in assisted living facilities. A further purpose of this study was to determine the utility of the WPS in older adults with diminished cognition. Subjects were recruited from an assisted living facility in the southeastern United States using convenience sampling. All subjects completed a demographic questionnaire, the WPS, the Geriatric Depression Scale (GDS) and the clock test for cognitive status. Reliability for the WPS and GDS were calculated using Chronbach's alpha. While the WPS was found to be highly reliable, the GDS had lower reliability in this sample. The high reliability of the WPS in this sample suggests that the scale may be useful in institutionalized populations as a global measure of well being; however, additional research is needed to validate this.

56. **Examining Assignment Influence on the Knowledge of Aging and Attitudes toward Aging**

Jaye Atkinson, PhD, Georgia State University

Attitudes toward aging are predominantly negative, and some research attributes this to a lack of knowledge about aging. Myths of older adulthood are accepted as truth in our society. The Facts on Aging Quiz is one tool used to highlight people's misunderstandings, and thus their biases, about the experience of older adulthood. This project connected classroom assignments to student performance on the Facts on Aging Quiz. The course emphasized how age affects and is affected by communication; thus, the assignments might not directly influence ones knowledge of aging. Forty-five students completed the Facts on Aging Quiz at the beginning and end of the semester. Students also completed an open-ended survey about their attitudes toward aging at the beginning of the class compared to the end of the class and asked whether each assignment influenced their attitudes in any way. Quantitative and qualitative analyses reveal the changes in their knowledge of aging (Facts on Aging scores and student perception) over the course of the semester while also delineating the particular assignments that were most influential (student perception). The conclusions from this

project inform best practices for gerontological education programs inside and outside of the university context.

57. **The Relationship Between Neuroticism and Tip-of-the-tongue States in Young and Older Adults**

Renu Kumar, Georgia State University
Ann Pearman, PhD, Gerontology Institute Georgia State University

The relationship between personality and tip-of-the-tongue states in young and older adults
Tip-of-the-tongue (TOT) is a state in which one feels they know a word or name but are not able to recall it at that moment. It has been found that as people age, they experience more TOT states. The personality trait of neuroticism has been implicated in reaction to stressors. In this study we propose that a TOT state will provoke anxiety in older adults who are high in neuroticism which will, in turn, have a negative impact on actual performance. Fifty-two younger adults (M age = 21.19, sd = 3.22 years) and fifty-nine community dwelling older adults (M age = 76.83, sd = 8.23 years) were given a series of questionnaires, including a Big 5 personality scale, and cognitive tests, including a Famous Faces Test (FFT). Following the FFT, participants were asked how anxious the task made them. Correlations between the variables were conducted. Neuroticism was related to task anxiety only in the older adults ($r = .27$, $p < .05$). Neuroticism and anxiety were not, however, related to performance on the task. Further analyses will explore personality and item-level reports of TOT states on the FFT.

58. **Assisting Children in Understanding Dementia: Children's Literature and Family Caregiving**

Jannie Engel, Barton College
Steven Fulks, PhD, Barton College Gerontology Program

Family care giving has become a normative experience in our society. Understanding and coping with a loved one who has dementia is difficult for adults and can be even harder for children. There are many resources for adults, but not so many for younger members of the family. The past four decades have seen a growth in the number of children's books dealing with aging issues. These books have given depth and understanding to challenges faced by an aging population. While some books have dealt with loss, there remains a gap in understanding care giving to an older individual with dementia. This presentation reviews the children's literature addressing aging concerns, examines what is recommended in assisting the younger person in understanding dementia, and blends recommendations from existing caregiver resources amended for a younger audience.

59. **The Impact of Caloric Restriction on Longevity in Individuals with Alzheimer's Disease**

Nikki Glazier, Barton College

During 2010 I completed my internship in Gerontology for my degree from Barton College at the Ellison Medical Foundation in Bethesda, MD. As an aspect of my internship, I compiled an extensive review of the recent literature, gathering information on the impact of caloric restriction on longevity within the subpopulation diagnosed with Alzheimer's disease. Relevant research obtained from more than 700 scholarly articles published between 1999 and 2004 comprised this project.

This presentation offers an overview of the results of this work, addressing the impact and interplay of these three factors, and how they relate to one another. Caloric restriction, longevity, and Alzheimer's Disease are all well known, but not necessarily in this specific combination.

This research presents a starting point for further explorations of the impact of caloric restriction on longevity with the older population diagnosed with Alzheimer's Disease and related disorders.

60. **Walking Speed Before and After Hip Fracture**

Kevin Chui, PhD, Sacred Heart University

Background: There is an exponential rise in hip fracture rates with increasing age for both genders. Risk factors for hip fracture include gender, ethnicity, bone mineral density, menopausal status, and age at menopause among others. Purpose: Walking speed has been described as a nearly perfect clinical measure, based on strong evidence of its validity, reliability, responsiveness, and relationship to other indicators of function and to fall risk. We integrate and present evidence on self-selected walking speed (SSWS) before and after hip fracture. Methods: Integrative review of the literature on SSWS before

and after hip fracture. Results: A slow SSWS (< .69 m/s) is a long-term predictor of hip fracture. After hip fracture: 1) there is excellent (ICC = .82-.97) test-retest reliability of SSWS; 2) meaningful change has been reported (MDC = .08 m/s, MCID = .10 m/s) to assist with the interpretation of change scores; 3) lower extremity muscle strength best predicts (r2 = 53.3%) SSWS; 4) exercise can significantly increase SSWS greater than the reported MCID; and 5) a high positive affect seems to influence functional recovery as measured by SSWS. Clinical Relevance: SSWS is a meaningful and important measure before and after hip fracture.

61. **Perceived Personality Change and Interpersonal Memory Problems in Older Adults**

Elena Gonzalez, Georgia State University
Ann Pearman, PhD, , Georgia State University Gerontology Institute

Social interactions can be both challenging and frustrating for older adults who experience subjective memory loss. Age-graded memory impairment in interpersonal situations, in particular, may be related to declines in social tendencies and traits in late adulthood. This study explores how the occurrence of interpersonal memory problems is related to perceived personality change. Fifty-nine community dwelling older adults (M age = 76.83, sd = 8.23 years) were asked to rate their personality right now and their personality 5-years-ago on the Big 5 personality dimensions. Personality change was calculated by subtracting past personality from current personality. People also rated how often they are forgetful in a variety of circumstances (e.g. fail to recognize people who recognize you) using the Memory Assessment Clinics Forgetfulness scale. Categories of forgetfulness included three interpersonal domains (conversation, names, tip-of-the-tongue) and one domain for the remaining non-interpersonal items (other). Correlations between the personality change variables and the forgetting domains were then conducted. As predicted, agreeableness and extraversion declines were related (rs = -.24 to -.38) to the interpersonal domains of forgetting but not the non-interpersonal domain.

62. **Age Differences in Cortisol Reactivity by Stressor Type**

Jessica Pruitt, BA, Georgia State University
Ann Pearman, PhD, Georgia State University Gerontology Institute

There is a well-known relationship between stress and cortisol reactivity. In addition, there have been several studies showing that cortisol reactivity may influence memory performance, particularly in older adults. However, there are few studies that have examined the difference between different types of stressors and their effect on reactivity. In particular, it is unclear whether work stress affects cortisol reactivity differently than home stress and whether there are age differences in this relationship. . This study is meant to examine the relationship between type of stress, cortisol reactivity, and memory performance in older adults compared to younger adults. The data were obtained from a substudy of the nationally representative study, Midlife in the United States (MIDUS), which was conducted by the John D. and Catherine T. MacArthur Foundation Network on Successful Midlife Development (see Miller & Lachman, 2000). This substudy consisted of an intentional oversample using random digit dialing of adults in the greater Boston area. Of the original 302 participants, 88 had complete data which included several stress questions and 7 salivary cortisol measurements. Data analysis will be done to determine the nature of the relationships between age groups.

63. **A Strong Combination: Blending Gerontology, Exercise Science, and Athletic Training**

Jennifer O'Donoghue, PhD, LAT, ATC, CSCS, Barton College
Steven Fulks PhD, Barton College
Lindsay Toth, Barton College
Brittany Bobbitt, Barton College
Tiffany Smith, Barton College

The aging of the Baby Boomer generation has promoted unique collaborative efforts bridging disciplines to meet the demands of this emerging population. This young-old population differs from previous generations in their higher level of recreational physical activity, interests and demands.

A large number of these individuals tend to be participants and not spectators. Maintaining a higher level of activity in defiance of their advancing age is a priority. Coupled with a greater awareness of the benefits of a healthy lifestyle and increased level of physical activity affords greater opportunities for

developing cross-disciplinary relationships for meeting those needs.

Gerontology, Exercise Science, and Athletic Training are brought together in this study to demonstrate the benefits of a multi-disciplinary approach, specifically in exercise program development, falls preventions, and health aging. Specific examples of exercise programs augmented from strength and conditioning and athletic training perspectives are included.

64. **The Rewards of Temporary Visiting Grandparent Caregivers: A Study of Chinese Grandparents at University of Georgia**

Yen-Lin Lee, MEd, University of Georgia
Denise C Lewis, PhD, University of Georgia

Chinese grandparent caregivers who temporarily live in the U.S. are a unique and growing population because 40% of Chinese graduate students studying in the U.S. have at least one young child. In order to finish studies more successfully, their parents may temporarily migrate to the U.S. to provide childcare. Although the trend of immigrant-related research is increasing, there are limited studies that focus on the population of temporary visiting Chinese grandparent caregivers. Since these grandparents are not permanent residents in the U.S., they may face different situations from Chinese grandparents who are permanent residents. In this study, six Chinese grandparents whose children are studying at the University of Georgia were recruited. Participants were asked questions regarding their feelings about cultural difference, family relationships, learning opportunities and emotional fulfillment. The face-to-face semi-structured interviews in Mandarin lasted 45 to 60 minutes. Contrary to immigrant Chinese grandparents, preliminary analysis revealed that temporary visiting grandparent caregivers have positive attitudes toward this experience. Without the need to tackle language difficulties because Chinese families tend to gather residentially, they see this experience as a rare vacation. Findings may diminish the fear for those Chinese grandparents who are planning to provide temporary childcare in the U.S.

65. **The Benefits of an Undergraduate Degree in Gerontology**

Steven Fulks, PhD, Barton College
Amanda May, MS, Senior Resources of Guilford, Greensboro, NC
Abigail Harper, BS, Upper Coastal Plain Area Agency on Aging, Wilson, NC
Helen Urie, BS, Regional LTC Ombudsman, Wilson, NC

The training of professionals to work in the emerging field of gerontology has been a priority since the inception of the Older Americans Act in 1965. Through the decades, academic programs have evolved, mostly on the graduate level. Undergraduate degrees in Gerontology remain the exception, and many students choosing to major in Gerontology are challenged by employers not anticipating this degree as an option, and fellow students not knowing what Gerontology is. The undergraduate major in Gerontology at Barton College was established in 2003. This presentation highlights the careers of three young professionals who secured meaningful employment in the field of aging. Their experiences are presented as evidence undergraduate academic programs can prepare students to be highly competitive.

66. **Arkansas AgrAbility Project**

LaVona Traywick, PhD, MA, CFLE, University of Arkansas Division of Agriculture
Jessica Vincent, BS, University of Arkansas Division of Agriculture

The University of Arkansas, Division of Agriculture Cooperative Extension Service conducts the AgrAbility Arkansas State Project, which offers comprehensive services for older farmers and farm family members with a disability or long-term health condition who want to remain in production agriculture. This Project addresses the substantial needs of the agriculture industry through four strategies: education, networking, assistance, and marketing. Through education we increase the capacity of agricultural by preventing injury and disability, increase awareness of universal design, assistive technology, and adaptive engineering. Through our networking endeavors we expand the scope and impact of AgrAbility services via integrating diverse individuals/nonprofits/service agencies by taking part in interactive and collaborative connections. Through assistance to farmers we empower farmers to maintain successful farming efforts and live as independently as possible. Through marketing we provide services to enhance the potential of reaching the maximum number of farmers and farm families with disabilities, increase general awareness of the AgrAbility Project and its services, and enhance public awareness of the AgrAbility Project throughout the state of Arkansas. This state-

wide Project demonstrates the ability to take research and apply it in multiple and meaningful ways to help older and disabled farmers continue to farm.

67. **The Use of Days of the Week in a Modified Mini-Mental State Exam (M-MMSE) for Detecting Dementia in Geriatric Patients**

Irene Hamrick, MD, East Carolina University, Brody School of Medicine
Razia Hafiz, MD, Fayetteville Veterans Administration

The Folstein Mini Mental State Exam (MMSE) is highly dependent on education and literacy and thus may falsely identify patients of low literacy and education with dementia.
Methods

We administered the Folstein MMSE to 222 patients with complaints of memory loss or diagnosis of dementia. In addition to spelling WORLD and serial 7s backwards, we asked participants to recite the days of the week backwards with a score of up to 5 points if correct. The Mini-Cog, consistent of clock drawing test and 3 item recall, was used as control.

Results
All normal subjects correctly recited the days of the week backwards and scored higher on it than Serials or spelling.

Compared with the Mini-Cog, sensitivity / specificity respectively are 0.89/053 for MMSE and 0.96/.049 for Modified-MMSE.

Among illiterate and semi-literate participants, and less than high school graduates, Modified-MMSE using a cut-off of 27/30 correlates better with Mini-Cog for dementia assessment.

Conclusion
Taking the educational part (Spelling and Counting) out of the MMSE by using the days of the week backwards, and using a cut off 27/30 for all levels of education and literacy the modified MMSE detects dementia with fewer false positives."

68. **An Irrational Barrier: Care Giving Challenges of Aging Lesbian and Gay Families**

Nichole Crumel, Barton College
Kay Vines, Barton College Gerontology
Anita Fenner, Barton College Gerontology
Celine Lombadu, Barton College Gerontology

In spite of progress by specific states in recent years, our legal system continues to deny and even ignore challenges faced by individuals in homosexual relationships, especially problems in terms of institutional arrangements and housing options among the aging gay and lesbian population. Though legalities differ between homosexuals and heterosexuals, providing care does not. This is particularly challenging when faced with caring for an older family member. When one is sick they seek help from a healthcare provider, when one is in need of legal help they seek help from a lawyer, and when one does not understand they seek wisdom from the teacher. One should not be discriminated against because of their sexual orientation but they should be provided care so that their needs will be met. The role of Gerontologists, Social Workers, and other healthcare providers is simply to meet the need of the individual who seeks care regardless of any lifestyle choice of the client. This presentation will scrutinize the issues in care giving among the lesbian and gay population.

69. **Virtue Created by Barnes and Noble**

Youngkyeong Sohn, PhD, UNC Pembroke

Most of the elderly have fear to lose their memory, which may result in Alzheimer disease. The Nun study shows that mental exercises, such as crossword puzzles, scrabble, augment numerous cognitive and health benefits. Recent scientific study supports a hypothesis that the intensive repetitive linguistic activity increases ability of recall and brains neuron connection in the older adults.

Barnes and Noble, a retail bookstore, provides a social place for all age groups to meet people, read books and to drink coffee in their café in conjunction with Starbucks. In particular, the corporation encourages the elderly population to play scrabble in the cafe by sponsoring National Scrabble Association. Its members play the game every Tuesday morning at 9 am till 12 or 1pm. Every Tuesday, eight to twelve members of this association gather together to have fun, friendships, and mental activities the past ten years. They are in their 6os and 70s. Most of them are female. This social interaction keeps them from being isolated, makes them mentally alert and allows them share instrumental knowledge. This finding highlights that the community event of a private corporation enhances the well-being of the elderly.

70. **Strategies for Community Networking to Meet the Needs of People with Dementia in Rural NC**

Melanie Bunn, RN, MS, Alzheimer's North Carolina
Lisa Levine, BS, Alzheimer's North Carolina

The needs of rural elders with dementia and their care partners are complex and require coordinated approaches to management. Alzheimer's North Carolina (ANC) has the responsibility of providing services to these populations throughout central and eastern NC. Despite significant efforts and support, the organization quickly discovered that centralized training could not effectively meet the needs of the identified clients. Subsequently, development of Community Education Conferences (CEC) provided a mechanism for taking the information and resources so desperately needed into the communities of individuals with dementia, their families and care organizations. The CEC model offers opportunity for participants to learn about dementia and care approaches from experts within and around their own communities. An additional component, critical to meeting the needs of individuals from rural communities, is opportunity to participate in a resource fair of local service providers.

This interactive session offers participants access to the lessons learned in over 10 years of providing community based education programs. Discussions will include: strategies for success, mentoring presenters, using adult learning principles in promoting behavior change and developing relationships within rural communities. Additionally, the presenters will offer opportunity for group discussion related to replication of the model in other setting.

71. **Sustainable Partnerships within Community-Based Cultural Competency Program Development**

Jay White, MS, Virginia Commonwealth University
Tracey Gendron, MS, Virginia Commonwealth University
Shannon Marling, MS, Virginia Commonwealth University

Person-centered care is critical to optimal aging. Currently, academic institutions are in a position to partner with community agencies and the private sector to develop new, interactive, and sustainable curriculum that address issues of cultural competence/sensitivity. The marrying of these resources is personified in Richmond, Virginia through a series of collaborative efforts spearheaded by the Department of Gerontology at Virginia Commonwealth University to introduce and sustain cultural competence/sensitivity initiatives targeted at the aging LBGT Community.

The Department of Gerontology at VCU has worked with students, community agencies, and the private sector on three inter-related projects toward the development of cultural competence/ sensitivity awareness for the aging LGBT population. The Virginia premiere of the Gen Silent documentary in Richmond, the development of a SAGE (Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders), and initiatives to pursue funding to development LGBT-focused cultural competence curriculum are the initial components of this sustainable series of partnership-focused events and initiatives.

Through this interactive workshop, participants will learn how to travel from Concept to Conclusion when visioning successful university-community initiatives. Further, participants will be encouraged to offer their own ideas for projects/initiatives with facilitated discussion on how to proceed.

72. **Being an Effective Advocate in These Tough Times**

Mary Bethel, MEd, AARP North Carolina

In this day of limited resources, it is important that we advocate for those programs and services that are important to us. This session, which has been presented widely in North Carolina, will focus on the nuts and bolts of advocacy and what is needed to develop an advocacy game plan. Emphasis will be placed on examining elements to consider in choosing an issue for advocacy and discussing strategies and techniques for carrying out an advocacy plan of action. Particular attention will be devoted to legislative advocacy.

73. **The Use of Goal Attainment Scaling To Evaluate Programs That Provide Social Services To The Elderly – An Outcome-Focused Method Of Evaluation**

Mark Krain, MA, PhD, University of Arkansas at Little Rock

Goal Attainment Scaling (GAS) allows more than a single dimension of client output or outcome to be evaluated simultaneously. GAS was developed to

assess outcomes of individual patients in psychotherapy. But this technique can be used for assessment not only of individual patient, or client outcomes (case data), but for program data as well. The performance of the case (the client) or of the program over a specified time frame is measured in terms of two, or three, or four (possibly more) identified objectives. The selection of objectives is the critical element in GAS. Beyond the selection of these objectives, GAS is a way of operationalizing them (stating them in measurable terms) and of simultaneously quantifying the several observations of whether or not they (each of them, any of them, any combination of them, or all of them) are being achieved.

This will be a workshop in which GAS methods will be elaborated and made available in a paper that serves as a manual. While GAS is a general technique of evaluation, examples in the paper and presentation will be taken from services to the elderly.

74. **Everybody Needs A Nurse--A View from the Private Sector**

Diane Halloran, RN, MPH
Jennifer Halloran, PhD

In 1997, Diane Halloran, RN, MPH started a nursing service to help people navigate the complex, fragmented American health care system. Everybody Needs A Nurse organizes health and family information to enable seniors and their families to understand the meaning of treatment options and living arrangements. In our model, stress from ageing, illness and family dynamics are addressed with knowledgeable problem-solving from experienced nurses. We will present three case studies to illustrate the need for this innovative service and how our staff addresses client and family concerns.

After years of ambulatory nursing practice, the founder observed many individuals having problems understanding what physicians told them during office visits. Family members sought assistance because distance, work and family pressures, and complexity of health care limited their involvement.

Our objectives include introducing peace of mind and cogent decision-making about health needs and independent living. An objective, experienced nurse helps family members sort through and prioritize the uncoordinated services of multiple physicians, agencies and organizations that provide specialized help.

Trusting relationships, client participation, independent living and family satisfaction are the outcomes achieved from Everybody Needs A Nurse services.

75. **The Family Quality of Life in Demetia Care: Instrument Validation**

Ishan Williams, PhD, University of Virginia
Karen Rose, PhD, RN, University of Virginia

The Family Quality of Life in Dementia scale (FQOL-D) was created in 2009. The FQOL-D scale was developed from a similar instrument whose intent was to measure quality of life among families of children with disabilities (Hoffman et al., 2006). The 42-item FQOL-D instrument operationalizes family quality of life in five domains: family interactions; direct care/activities of daily living support; emotional/behavioral well-being; physical and cognitive well-being; and disease-related support/medical care. Data were gathered from families across the Commonwealth of Virginia. The psychometric properties of the instrument were assessed using two instruments (Family Resource Scale and Family APGAR) reflective of the factors included in our FQOL-D scale. When validity coefficients were greater than .70 or greater, concurrent validity was supported. The instrument demonstrated content validity based on expert consensus and family interviews. The instrument showed good internal consistency and validity. The FQOL-D instrument is an easy to use, reliable, and valid tool to measure how a dementing illness affects the entire family, Because the patient/family population upon which the psychometric properties were tested was limited to Virginia, further research is needed before it can be universally recommended as a clinically-meaningful instrument for more diverse patient populations.

76. **The Effectiveness of RELIEF Program Volunteer Coordinators**

Linda Vinton, PhD, Florida State University

RELIEF (Respite for Elders Living in Everyday Families) is a program created by the Florida Legislation. Cost effective ways to serve elders caregivers are crucial. The public, along with adult protective services programs, may rely on community-based agencies or volunteer groups to serve caregivers. Community

aging agencies often have waiting lists, however, for free/low cost services, and volunteer programs through schools, business, civic, or religious-based groups are often hard to manage. If available, aging agencies typically provide a small number of respite hours to caregivers, and respite through home health can be costly. Professional volunteer coordinators were hired through the RELIEF program to recruit new volunteers at one urban and one suburban aging agency site. During the first year the volunteer coordinators recruited 104 volunteers who provided 45,244 hours of respite care for caregivers of elders with dementia. Services were valued at $542,901. Retention of volunteers was high at both sites and more than 100 clients were served each month. Recruiting, retaining, and monitoring a large and stable volunteer workforce requires volunteer administration. Investing in professional volunteer coordinators was key.

77. **Preventing Food Borne Illness Among Older Adults**

Sheryl Cates, BA, RTI International
Sandria Godwin. PhD, Tennessee State University
Lee-Ann Jaykus, PhD, North Carolina State University
Katherine Kosa, MS, RTI International

Moderator/discussant: Cates

PARTICIPANTS:

Jaykus -- Foodborne Illness in Older Adults
Kosa -- Food Safety Practices of Older Adults: Findings from a Recent Survey
Godwin -- A Multi-faceted Food Safety Education Program for Older Adults

Adults aged 60 years and older are more likely than younger adults to experience complications, hospitalization, and death because of foodborne infections. This symposium presents findings on the latest research on the risk factors for foodborne illness among older adults, older adults knowledge and use of recommended food safety practices, and effective approaches for educating older adults about food safety. First, presenters will identify factors that increase older adults suspectibility to foodborne illness, foodborne pathogens of concern, and the incidence of foodborne illness among older adults. Second, presenters will present findings from a nationally representative survey on older adults knowledge and use of recommended food safety practices when cooking at home and identify characteristics of older adults with risky food consumption and handling practices. Third, presenters will describe the development and evaluation of an educational booklet and web site on food safety. The booklet will be distributed and the interactive web site will be previewed in this session. The symposium will conclude with a discussion on implications for future research and best practices for educating older adults about foodborne illness prevention.

78. **Supports and Services for Caregivers of Older Adults: Impact of National and State Health Care Reform Policies**

Jodi Teitelman, PhD, Virginia Commonwealth University
Christine Jensen, PhD, The Center for Excellence in Aging and Geriatric Health, Williamsburg, VA

With more than 44 million family members providing care to older adults in the United States, continuing efforts must be made to address their mental and physical health needs. This workshop will explore the impact of recent health reform policy efforts in creating programs and services that support family and professional caregivers, both at the national level and through the southern states. First, programs designed to provide outreach to caregivers through the Administration on Aging National Family Caregiver Support Program, and most recently, the Patient Protection and Affordable Care Act will be presented. Second, programs currently available through the Virginia Caregiver Coalition and Caring for You Program will be described as examples of State-level programs influenced by recent health reform policies. Finally, workshop participants will have the opportunity to exchange information about how their states are responding to national health care reform in terms of supporting caregivers of older adults.

79. **Addressing the Challenges of Employed Caregivers: AARP's Prepare to Care as a Workplace Solution**

Suzanne LaFollette-Black, NC AARP
Luci Bearon, PhD, NC Coop Ext./NC State University

Gerontologists have documented convincingly the strains and potential health effects of family care giving on the caregiver. Many educational and support programs have been developed to reduce the stress on caregivers experiencing burnout. Few programs, however, have attempted to reach caregivers before they become caregivers or early on

in the care giving journey. AARP's Prepare to Care program is designed to raise awareness among people who may anticipate a future need to become a caregiver to a family member, usually a parent, but have not had the necessary conversations with the person, nor developed a plan for what to do when the time comes. This workshop introduces the Prepare to Care program along with the Planning Guide. The program provides step-by-step instructions and checklists for planning. The presenters, both of whom participated in the development of the program, will describe and demonstrate use of the materials and discuss strategies for its implementation in the workplace to lessen the stresses on employed caregivers.

80. **Aging and Disability Resource Networks: Opportunities and Challenges**

Edward F. Ansello, PhD, Virginia Center on Aging, Virginia Commonwealth University

Recent actions by AoA encourage coordinated interactions between aging and disabilities networks to benefit consumer's choices and quality of services. A long history of local, regional, and statewide collaborations between the aging network and lifelong disabilities agencies offers models for effective development and implementation. This workshop, drawing on more than 20 years of related experience, examines common links between the aging and disabilities systems, especially the key elements of family care giving, transitions in care, and two-generation geriatric families. The workshop cites field-tested models of intersystem collaboration or coalitions, discussing practical lessons in organization, inauguration, and maintenance. Topic progression includes: challenges and opportunities facing systems (budget cuts, client invisibility, etc); benefits of coalitions (reciprocal training, cost-effective services, etc.); characteristics of coalitions (time-limited, laboratories for ad hoc public policy, etc.); common focuses and initiatives for effective coalitions (family care giving, client health/well being, etc.); barriers to coalition-building and intersystem coalitions in practice (differences in perceived benefits, big dog, etc.); and practical step-wise keys to making coalitions work, including recognizing common mistakes.

81. **Culture Change in Nursing Homes: The Residents' Perspective**

Louise Murray, EdD, UNC Charlotte
Chuang Wang, PhD, UNC Charlotte
Dena Shenk, PhD, UNC Charlotte

There is a dearth of research examining nursing home residents' perspectives on the implementation and effectiveness of culture change. This mixed-methodology research explores residents perspectives of the culture change process by evaluating three of the core principles: quality of life, choice and control, and satisfaction. Participants (n=13) were long-term residents at two nursing homes at different stages of the culture change process. Qualitative and quantitative data were collected in the form of surveys and in-person interviews. Inferential statistical analysis showed significant differences in the quality of life domains of privacy and security between the two nursing homes. Thematic analysis of the qualitative data suggested six factors essential to quality of life: (a) quality of care; (b) relationships; (c) activities; (d) physical/functional ability; (e) faith; and (f) safety/security. Common themes reported as essential to choice and control were relationships, faith, attitude, and the ability to advocate for oneself. From the resident's perspectives, the least favorable factors of nursing home life were the noise/behavior of other residents and the menu planning, whereas the most favorable factors were relationships and a feeling of security. The implications of these findings for practitioners and recommendations for future research are also discussed.

82. **Grief Support Services for Residents of Long-Term Care Facilities**

Brittany Smith, MA (cand), Appalachian State University
James R. Peacock, PhD, Appalachian State University
Ed Rosenberg, PhD, Appalachian State University

Due to life expectancy increasing, the number of elders living and dying in long-term care (LTC) facilities has grown exponentially. Bereavement counseling can be received by all Hospice patients (and their families) before and after they die, to help them accept the dying process and death more easily. Recently, Hospice recognized residents in the broader community (beyond those directly receiving Hospice services) may also need assistance throughout the grieving process. LTC facilities do not usually utilize outside community resources. Thus, LTC residents do not typically have access to these community resources. Therefore, residents not affiliated with Hospice do not have bereavement counseling readily

available to them. Limited information exists about how to reach grieving individuals in long-term residential facilities. This paper describes the types of grief support needs that exist in three types of residential settings: independent living, assisted living, and skilled nursing facilities. Residents and staff were surveyed to determine the residents grief support needs, the bereavement services available to them, and preferred delivery methods of potential bereavement counseling. Results indicate that there are minimal differences in bereavement needs between the facility types; however the availability of bereavement counseling varies between facility types.

83. **The Golden Nugget: Enhancing Regional LTC Infrastructure through Shared Longitudinal & Aggregate Functional Assessment Data**

Elizabeth Friberg, DNP, RN, University of Virginia

This study identified characteristics and behaviors of public/private long-term care (LTC) community service organizations (CSOs) in adopting an electronic shared client service record (CSR) and using functional assessment data in regional elder LTC infrastructure planning. Descriptive qualitative methods and cross-sectional interviews were used in a purposive sample of 15 regional CSO informants in the Central Shenandoah Valley. The survey instrument contained coded and narrative data; analyzed using data reduction and re-presentation techniques. All 15 CSOs expressed interest in the shared CSR. CSO decisions to use the shared CSR were driven by market share, regulatory requirements and contractual obligations. However all three drivers were sensitive to the volume of referrals received. CSOs valued access to client specific longitudinal assessment data to improve service efficiencies. Of the 14 organizations conducting client assessments, 79% used the information in the Virginia UAI to complete their own client assessments. CSOs valued access to aggregate assessment data to conduct strategic planning at both the organizational and community level. Best practices in use of functional assessment data for the elderly would improve the effectiveness, efficiency and equity of services delivered. Aggregate functional assessment data enhances organizational and community planning to meet current and future service needs.

84. **Case Studies from the Front: The Use of Genograms as a Best Practice for Exemplary Service Delivery**

Jan Vinita White, PhD, Whitedeer Gerontology Counseling, LLC and Capella University
Linda F. Samuel, PhD, MSW, Savannah State University,
William Dailey, EdD, MPA, California State University-Fresno

This presentation draws from several key concepts to enhance service delivery in applied gerontology in assisting older individuals and the systems in which they live. The goal of this workshop is to gain or enhance skills in the use of genograms in applied gerontology. Using case studies from her client files, the author's own experiences as a gerontological counselor will be used in the interactive workshop to bring a greater understanding and enhanced functioning by the use of genograms. A genogram is a diagram that depicts family relationships over generations. Family therapists and practitioners have used cross-generational genograms as an assessment tool for years to examine the interactions and relationships of family members. By understanding family dynamics, healthy and unhealthy relationships, and learned lifestyle patterns, practitioners can assist older clients and their families with targeted decision-making and conflict resolution. Genograms illuminate the principles of family systems theory and systemic interviewing. The growing and widespread use of genograms in applied gerontology clarify emotional problems, structural patterns, relationship patterns, life stressors, and life transitions and are valuable assessment tools for service providers seeking efficient and exemplary client outcomes. Workshop participants receive a genogram template for field use, interpret example genogram diagrams, and from a composite family create their own genogram. The significance of the workshop illuminates the usefulness and practicality of the genogram in applied gerontology.

85. **Advocacy for an Aging Population at Risk for Sexually Transmitted Infections**

Lee Ann Ferguson, MA, Appalachian State University
James R. Peacock, PhD, Appalachian State University

The population of aging adults is in a period of rapid growth. Older adults within the United States, and other developed countries, are healthier, more active, and more engaged than ever before. They are also more likely to be sexually able, sexually expressive, and sexually active which makes them a population at higher risk for sexually transmitted infections,

including HIV and AIDS. The focus of much research is that the healthcare network, including physicians, nurses, and caregivers, are not remotely prepared to address this population as being at risk, even though data suggest that older women, in particular, are one of the most at risk populations for HIV/AIDS through heterosexual transmission. This workshop will explore enhancing the distribution of knowledge and curtailing the spread of disease through the utilization of a social ecological approach (individual, community, and political action). The leaders will present the demographics of this at risk population, facts on this populations condom use, and facts on interventions (including physician/patient discussions/interactions). This will serve as the foundation to exploring ways to develop awareness and advocacy through an open forum discussion.

86. **Reducing Hospitalizations of Frail Seniors By Moving Care and Coordination From Hospital to Home**

Rona Bartelstone, LCSW, MSW, CMC, Senior Vice President of Care Management SeniorBridge

One in five seniors are re-hospitalized within 30 days of being discharged from a hospital, fueling the reality that Medicare beneficiaries account for 15 percent of the US population[1] but more than two-thirds (37 percent) of hospitalizations and almost half (47 percent) of total hospital costs. Alarmingly, only half recall receiving self-care instruction or seeing a doctor after discharge, suggesting that a substantial number of hospitalizations could be prevented.

This session will discuss how recent healthcare reform legislation and shifting demographic trends are ushering in a paradigm shift in the way we provide healthcare for frail seniors. The presenter will discuss two successful Medical Home Models supported by incentivized geriatric Care Coordination and Management - one aimed at meeting the unique needs of rural Florida elderly and another at those in metropolitan Texas. Additionally data demonstrating that a service model integrating a professional team of nurses and social workers with in-home caregivers to provide care management, care giving and web-based telecare, reduces hospitalizations of seniors with chronic conditions and limited functionality will be discussed. Finally, Dr. Rackow will offer a review of new business opportunities resulting from the industry shift from acute to chronic care management.

87. **Applied Gerontological Research and Community Partnership: A Fantasy?**

Jim Mitchell, PhD, East Carolina University
Maria McDonald, East Carolina University

The recent emphasis on engaged scholarship on university campuses is potentially consistent with applied gerontological research. To inform the promotion of engaged scholarship in the applied gerontological research academy, we conducted a meta analysis of articles published in 8 applied gerontology journals from 2007 through 2009. Over 900 articles were reviewed and classified as theoretical or descriptive, reviews or compilations, non-local secondary data analyses, local secondary data analyses, primary data analyses, and analyses of primary data with community partners. Of 926 articles reviewed and classified, only 14 (1.5 percent) mentioned community partners in descriptions of research methods. Barriers to engaged scholarship in the context of applied gerontological research in general and strategies to promote engaged scholarship are discussed.

88. **Working with Local Coalitions and Non-profits: Assumptions, Challenges, and Rewards**

Nancy Brossoie, PhD, Center for Gerontology at Virginia Tech

Local community coalitions and non-profits have keen insight into the needs of their communities but often lack resources and preliminary data to move their initiatives forward. The efforts of academic-community partnerships (ACPs) can be used to bridge those gaps and improve program infrastructure. Findings drawn from process evaluations of four ACPs in rural southwest Virginia suggest community partners can be apprehensive about working with academic partners and share numerous assumptions and misconceptions about ACPs including: research creates unnecessary paperwork; money spent on research is better spent elsewhere; and community partners do not get credit for their work. Challenges encountered by the academic partner covered six categories (time, communication, budget, technology, commitment, leadership) and arose from inaccurate assumptions and limited understanding of the community partners staff skills, organizational capabilities, and agency processes. Findings reinforce the importance of building partnerships based on

shared trust, open communication, and mutual appreciation for partner contributions.

89. **Implementation of the Community Assistance Services and Supports (CLASS) Portion of HR3590 and HR4872**

Steven Studebaker, MBA, CPA, CFP, Studebaker Investments, Inc

Implementation of the Community Assistance Services and Supports (CLASS) portion of HR3590 and HR4872 has received little discussion or opposition compared to other parts of the Health Care Act of 2010. Preparation for implementation has commenced by CMS and the NAIC (National Association of Insurance Commissioners). Stakeholders are lining up to influence formation of a Model Act to be adopted by state legislatures which will regulate and enable CLASS Act implementation. This study tests, by interview of stakeholders, the strength of acceptance of each of several possible components to building self sustaining independent insurance cooperatives, as provided for in the CLASS Act, for the provision of Long Term Care to voluntarily insured participants.

This poster presents a snapshot of the progress being made by stakeholders in North Carolina to Plan, Design, Negotiate, and Influence Legislative Activity to implement the CLASS Act.

90. **Building Aging Competencies: Gerontology Training for Counselors**

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

There is a clear and documented need for counseling professionals to obtain additional training and resources in order to better serve older adult clients and their families. The Center for Excellence in Aging and Geriatric Health in Williamsburg, Virginia created a program entitled Building Aging Competencies: Gerontology Training for Counselors to address this need for training. Partners in this program were The College of William & Mary's Counselor Education Program and the Virginia Association of Marriage and Family Counseling. The program, which consisted of two half-day seminars, employed speakers who are experts in the fields of gerontology and counselor education in order to provide content-rich information and resources to participants. This program was designed to spark interest in aging issues and promote age sensitivity and diversity competency among students of counseling, experienced counselors and helping professionals, and counselor educators. More than 150 individuals representing students, counselors, and social workers participated. Evaluations indicated the significance of the seminars and the participants desire for similar programs. Leading a program of this nature has yielded best practices that can be disseminated to other organizations serving older adults wishing to develop similar partnerships with educational institutions.

91. **The Experience of Elders, Caregivers, and Case Workers During the Medicaid Application Process**

Jamie Hershaw, BA (candidate), College of William and Mary

The Medicaid application process is often confusing and overwhelming for applicants. Applicants often report not feeling trusted, respected, or valued; case workers and eligibility workers report lack of guidance and feelings of mistrust towards applicants. With increasing numbers of elderly individuals needing funding for long term care, it is important to document the experience of elderly Medicaid applicants and to identify any possible challenges during the process. To evaluate the experience of both case workers and applicants during the application process for long-term care funding, interviews were conducted and observations of the interactions between case workers, nurses and applicants were made. The most outstanding trend reported was the lack of eligibility information provided to applicants and their caregivers during the process. Due to this knowledge deficit, applicants and caregivers relied almost entirely on the case worker to ensure the application was started, completed, and submitted to the state for review. Recommendations are made suggesting how to make the process more streamlined, informative, and inclusive for applicants.

92. **Evaluating a Community-Based Family Caregiver Training Program**

Janet Witucki Brown, PhD, RN, CNE, The University of Tennessee, Knoxville College of Nursing
Shu-li Chen, PhD, RN, CNAA, BC, Caylor School of Nursing Lincoln Memorial University

Care of older family members with multiple needs at home can be challenging. Family caregiver training (FTC) programs may help lessen the burden of care giving and provide caregivers with needed knowledge and skills for this daunting task. This mixed methods, time series, research study evaluated a community-based FTC program by analyzing the effectiveness and delivery of the program itself and also the impact on 58 family caregivers. Caregivers completed open-ended questionnaires regarding the effectiveness of the FTC at the completion of the program and results indicate that they were satisfied with the program and found it useful and applicable. Some barriers and facilitators to attending the program sessions were discussed. The Revised Caregiving Appraisal Scale was administered before (time 1), after (time 2), and one month post completion (time 3) of the FTC. There was significant improvement between the time 1 and time 3 scores on the subscales of satisfaction with the care giving role and sense of self-esteem. An important implication is that caregiver effects were not evident immediately upon completion of the program (time 2), but became evident once caregivers had time and opportunities to use the knowledge and skills (time 3).

93. **Building New Options for Care: Boarding Homes for Elder North Carolinians, 1945-1960**

Janna Dieckmann, MSN, PhD, UNC Chapel Hill

North Carolina's private boarding homes addressed a mid-twentieth-century service gap created by a growing population of elders and declining confidence in public, county-level almshouses. The State sought to eliminate the almshouse institution, even as government funding for private institutional care quickly grew. Capitalizing on the emerging opportunity, private entrepreneurs established both small and large boarding homes for older adults. Contrary to North Carolina's obligation to provide shelter to all, in the legal context of racial segregation, white boarding home entrepreneurs neglected services for African American citizens. Unable to alter separate care for minority elders, NC's State Board of Public Welfare assured universal access by consultation with county officials and active development of boarding home ownership by African American entrepreneurs. Using historical methodology to analyze government documents deposited at North Carolina's State Archives and the secondary historical literature, this paper will analyze boarding home innovation in North Carolina between 1945 and 1960 to identify the challenges presented when government functions are transferred to private entrepreneurs.

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