Gerontology:
A Legacy of Commitment



33rd Annual Meeting
Southern Gerontological Society
Thursday – Sunday, April 19 – 22, 2012

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WELCOME TO MUSIC CITY!



From its very beginning, Nashville grew from a foundation built on music. Music has always been the common thread connecting the life and soul of the city and its people. And visitors have always ventured here to experience the music that weaves such a fundamental pattern in its cultural, business and social fabric.

Nashville's earliest settlers celebrated in the late 1700s with fiddle tunes and buck dancing after safely disembarking on the shores of the Cumberland River, a spot now commemorated on First Avenue North with a replica of the original Fort Nashborough. Nashville's first "celebrity," the noted frontiersman and Congressman Davy Crockett, was known far and wide for his colorful stories and fiddle playing.

Nashville has become a hub for pop, rock, bluegrass, jazz, classical, contemporary Christian, blues, soul, and of course, country music. The newly constructed Schermerhorn Symphony Center, home to the renowned Grammy-winning Nashville Symphony, anchors the downtown end of the recently designated Music Mile. The Music Mile is a symbolic stretch of roadway connecting the $123 million Symphony Center with the music district of Music Row, the vibrant new entertainment venues on Demonbruen Street, the Frist Center for the Visual Arts, the Country Music Hall of Fame and Museum, the Musicians Hall of Fame & Museum, the Music City Walk of Fame and the Bridgestone Arena. The Music Mile perfectly illustrates how the music of Music City is indeed a common thread throughout the business, cultural and entertainment sectors of Nashville. Nashville's connection to music is unequalled, and its reputation as Music City has been consistently proven for over 200 years. Welcome to the most musical city in the world. Music City – the *only* Music City!



Nashville's attractions evoke vivid images - a single spotlight illuminating a microphone, skyscrapers towering over the Mother Church of Country Music, stately Southern mansions or a Greek temple sitting serenely on a grassy knoll. Noted sites include the Country Music Hall of Fame and Museum, Hermitage Plantation, Ryman Auditorium, Grand Ole Opry, Frist Center for Visual Arts, and the Tennessee State Capitol. The area's many attractions paint a picture of this Southern city and leave an indelible impression on all who visit here.



The Sheraton Nashville Downtown hotel is in close proximity to many interesting sites such as the historic district, Music Row, the Grand Ole Opry, and Ryman Auditorium to name only a few. While you are attending our annual meeting, enjoy the friendly service and great facilities at the Sheraton! The hotel is located in the heart of "Music City USA" and is just 4 blocks from Bridgestone Arena, as well as within walking distance of the historic district, the Financial District, and LP Field, home of the Titans.

Conference Theme

Gerontology: A Legacy of Commitment encourages us to examine the rich legacy and best practices to develop what the future will require. It is also a way to honor the values that have made and continue to make SGS so vital. As we strive to provide care and services for the largest cohort of seniors in history, we must take our lessons learned and use this knowledge to meet future needs.

WELCOME FROM THE SGS PRESIDENT

Dear Colleagues,
I want to formally welcome you to the 33rd Annual Meeting of the Southern Gerontological Society. For some of our members 33 sparks memories of long playing albums with elaborate liner notes, for others it is a reminder of a favorite retired sports legend, and still others a hit song by the band The Smashing Pumpkins.
Regardless of your frame of reference, you have come to Nashville to be part of a gathering where cutting edge applied research is offered in a format designed to encourage discussion, debate and engaged learning. While the SGS membership is diverse, its commitment to older adults is strong as evidenced by the theme of this year's gathering --- *Gerontology: A Legacy of Commitment.*
I encourage you to develop your own meeting program to meet your needs and interests. Choose sessions from our broad program tracks, which include:

- *Applied Research Best Practices - Historical Perspectives and Innovations in Aging*
- *New Strategic Models - Service Delivery, Advocacy, Policy*
- *Intergenerational Programs - Linking the Past with the Future*
- *Strategies for Program Assessment and Support - Educating Future Gerontologists*
- *Getting the Word Out - Unique Formats for Dissemination of Aging Information*
- *The New Club Sandwich - Caregiving, Reciprocity, Burnout, Managing Competing Demands*

Being a part of SGS is about sharing differing perspectives and I hope that you'll save a bit of energy to explore Nashville. We've scheduled "unscheduled" downtime into the program as a way of hoping that you will meet with colleagues to enjoy the wonderful music, amazing variety of culinary opportunities and rich history that surrounds us.
As President of the Society, I invite all students, current and new members to celebrate our successes and renew our vision for the next generation of southern gerontologists.

Dana Burr Bradley, PhD
President



WELCOME FROM THE PROGRAM CHAIR

Welcome to Nashville! I hope you all will come away from the Meeting this year with a renewed interest in the wonderful work carried out by your colleagues in the Southern Gerontological Society. This program would not have been possible without the constant advice and guidance of Lora Gage. I'd like to also thank Dana Bradley for being such a calm and easygoing mentor with whom to work. Most importantly, thank each of you for providing the grist for the mill – the hard work that you do in your fields that gives us good reason to come together, share our discoveries, and set the stage for the future of gerontological scholarship and practice. Enjoy!

Sincerely,

Keith Dooley
2012 Program Chair



2011-2012 SGS LEADERSHIP

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Western Kentucky University

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Malcolm Cutchin, Ph.D.

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Joseph Gaugler, Ph.D.

EDITORS, *SOUTHERN GERONTOLOGIST*
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STUDENT REPRESENTATIVES
Jessica Erricollo

ADMINISTRATOR
Lora Gage

SGS PAST PRESIDENTS

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Dr. Lorin Baumhover 1981 - 1982
Dr. Glenn Hughes 1982 - 1983
Dr. Nancy Lohmann 1983 - 1984
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Ms. Kay Hind 1987 - 1988
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Ms. Laura Feldman 1998 - *1999*
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Sue Maxwell 2002 – 2003
Dr. Leonard Poon 2003 – 2004
Douglas E. Beach 2004 – 2005
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Dr. Connie Coogle 2006 – 2007
Dr. Frank Whittington 2007 - 2008
Dr. Ed Rosenberg 2008 - 2009
Dr. Jim Mitchell 2009-2010
Dr. Janice I. Wassel, 2010-201

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UNCG Gerontology Program recent graduates were snapped up for careers such as:

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- Fellowship in Health Policy Leadership
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- Service Coordinator for a Human Resources Agency
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CONFERENCE TRACKS

Applied Research Best Practices - Historical Perspectives and Innovations in Aging

Examination of historical perspectives of aging and a presentation of best practices

New Strategic Models - Service Delivery, Advocacy, Policy

Examination of service delivery models, advocacy models, and policy for older adults

Intergenerational Programs - Linking the Past with the Future

A review of the best practices among intergenerational programs

Strategies for Program Assessment and Support - Educating Future Gerontologists

Curriculum development, virtual formats, e-learning, asynchronous education, and other innovative strategies

Getting the Word Out - Unique Formats for Dissemination of Aging Information (

Examination of unique ways to educate older adults, society, and policy makers

The New Club Sandwich - Caregiving, Reciprocity, Burnout, Managing Competing Demands

How caregiving has changed over the last 10 years and how it is likely to progress

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 of techniques and/or skills. A workshop provides an excellent opportunity for involving participants in such diverse formats as application, 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) are present 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.

MEETING SCHEDULE AT-A-GLANCE

THURSDAY, APRIL 19

Meeting Registration (*Legislative Terrace*)	**11:00am-7:00pm**
Exhibit Set-Up (*Legislative Terrace*)	**11:00am-6:00pm**
Collection for Silent Auction (*Davidson B*)	**2:00pm-6:00pm**
Opening SGS Board of Directors Meeting (*Suite 7A&B*)	**4:30pm-6:30pm**
President's Opening Session (*Ballroom 1*)	**6:45pm-8:00pm**
President's Opening Reception (*Pinnacle Room*)	**8:00pm-9:00pm**

FRIDAY, APRIL 20

Meeting Registration (*Legislative Terrace*)	**8:00am-4:00pm**
Exhibits Open (*Legislative Terrace*)	**8:00am-4:00pm**
Silent Auction (*Davidson B*)	**9:00am-4:00pm**
Concurrent Session I	**8:30am-10:00pm**
Morning Break	**10:00am-10:30am**
Poster Session I (*Legislative Terrace*)	**10:00am-11:00am**
Concurrent Session II	**10:30am-12:00pm**
Awards Luncheon (*Ballroom 1*)	**12:15pm-1:45pm**
Concurrent Session III	**2:00pm-3:30pm**
Exploration Time (Music City)	**3:30pm until**

SATURDAY, APRIL 21

Meeting Registration (*Legislative Terrace*)	**8:00am-4:00pm**
Exhibits Open (*Legislative Terrace*)	**8:00am-4:00pm**
Silent Auction (*Davidson B*)	**9:00am-3:45pm**
Concurrent Session IV	**8:30am-10:00pm**
Morning Break	**10:00am-10:30am**
Poster Session II (*Legislative Terrace*)	**10:00am-11:00am**
Concurrent Session V	**10:30am-12:00pm**
Lunch on your own	**12:00pm-2:00pm**
SGS Committee Meetings	**12:00pm-1:45pm**
Concurrent Session VI	**2:00pm-3:30pm**

SGS Business Meeting (*Suite 4A&B*)	**4:00pm-5:00pm**
Careers in Aging Mentoring Moments (*Suite 7A&B*)	**5:00pm-6:00pm**
Dine-Around with SGS Colleagues	**7:00pm until**
Nashville Club Crawl/Boot Scoot	**9:00pm until**

SUNDAY, APRIL 22

Meeting Registration (*Legislative Terrace*)	**8:00am-10:00am**
Concurrent Session VII	**8:30am-10:00am**
Gerontologists Rooted in the South (GRITS) Brunch: Honoring SGS Past (*Ballroom 1*)	**10:15am-12:00pm**
Closing SGS Board of Directors Meeting (*Davidson A*)	**12:30pm-2:00pm**



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GRITS: Gerontologists Raised in the South

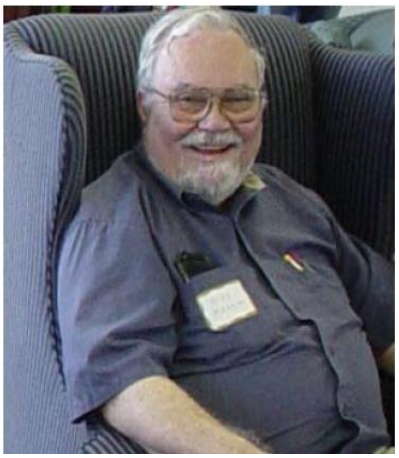
2012 GRITS Hall of Fame
Gerontologists Rooted in the South (GRITS) of Distinction

On May 18, 1979 the Southern Gerontological Society (SGS) was organized and has since grown into a network representing the South's most respected gerontology professionals. GRITS of Distinction honors members for their dedication and commitment to SGS and to gerontology through enhancing the lives of the elderly in the SGS region and beyond. Our honorees have demonstrated excellence in their respective fields and made significant contributions through teaching, research, writing, program development, administration, advocacy, legislation, or applied practice. They are the role models for future generations interested in the advancement of knowledge and practice in the field of aging. The first induction ceremony occurred at the close of the 2011 Annual Meeting in Raleigh, NC.

The 2012 GRITS of Distinction honorees are:



Vira R. Kivett, Ph.D.
Professor Emeritus
Child & Family Studies
UNC Greensboro



Wiley P. Mangum, Ph.D.
Professor Emeritus
School of Aging Studies
University of South Florida



Jo Ann O'Quin, Ph.D.
Professor of Social Work
School of Social Work
University of Mississippi

Come and celebrate the accomplishments of these dedicated SGS Members
Sunday, April 22, 2012

GRITS Selection Committee: W. Richard Moore, Ph.D.
Jennifer Craft Morgan, Ph.D.
Janice Wassell, Ph.D.

FULL MEETING SCHEDULE

THURSDAY, APRIL 19

Meeting Registration (*Legislative Terrace*) **11:00am-7:00pm**

Exhibit Set-Up (*Legislative Terrace*) **11:00am-6:00pm**

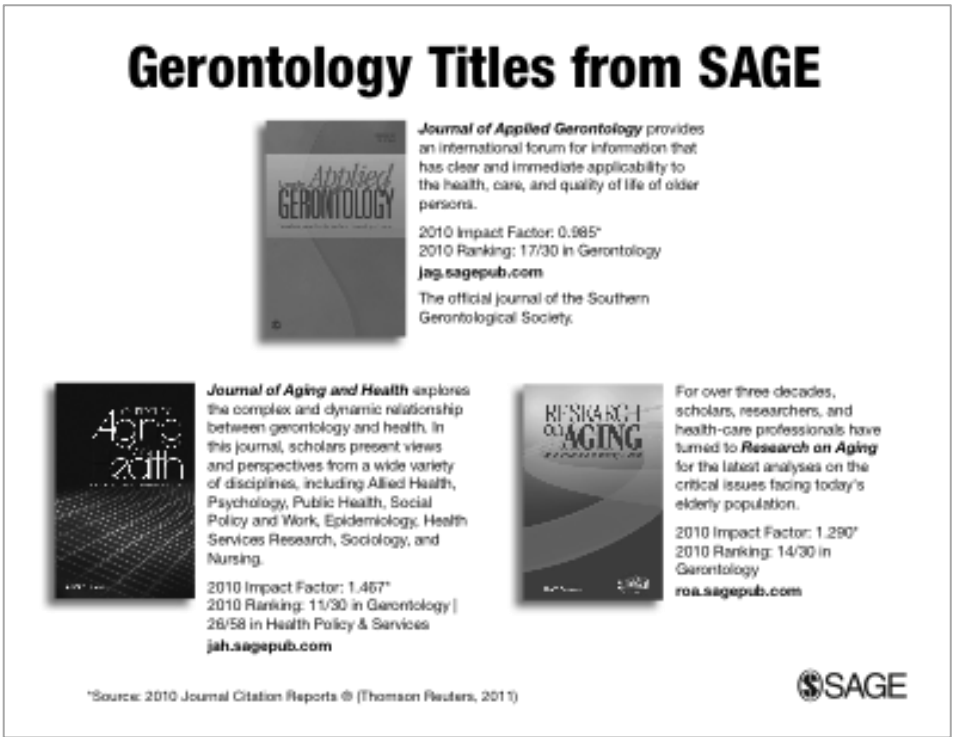
Collection for Silent Auction (*Davidson B*) **2:00pm-6:00pm**

Opening SGS Board of Directors Meeting (*Davidson A*) **4:30pm-6:30pm**

President's Opening Session (*Ballroom 1*) **6:45pm-8:00pm**

A Life in Review: An Interview and Performance By One of The South's Great Blues Legends
Dana Burr Bradley, PhD, Western Kentucky University

President's Opening Reception (*Pinnacle Room*) **8:00pm-9:00pm**



FRIDAY, APRIL 20

Meeting Registration (*Legislative Terrace*) **8:00am-4:00pm**

Exhibits Open (*Legislative Terrace*) **8:00am-4:00pm**

Silent Auction (*Davidson B*) **9:00am-4:00pm**

Concurrent Session I — 8:30am-10:00am

Paper Session 1: Formal Caregiving (*Suite 4A*)

1. Disparities in Nursing Home Care: The Significance of Race and Place (Track: New Strategic Models)
Kathleen Abrahamson, PhD, Western Kentucky University, Heather Davila, BA, University of Minnesota, Jenna Gillette, BA, Western Kentucky University

2. Hospice Care Length of Service in For-Profit and Not-For-Profit Hospice Agencies (Track: New Strategic Models)
David Rosenthal, PhD, SangNam Ahn, PhD, MPSA, University of Memphis

Workshop 1 (*Suite 4B*)

3. Inclusive Discharge Planning: Community Based Care Alternatives (Track: New Strategic Models)
Shervonne Banks, MS, University of Massachusetts Boston; Veronica E. Williams, JD

Workshop 2 (*Suite 7A*)

4. Effective Collaborations between Gerontology Programs and Community Partners (Track: Intergenerational Programs)
Dena Shenk, PhD, University of North Carolina Charlotte, Cynthia Hancock, PhD, University of North Carolina Charlotte, Eleanor Covan, PhD, University of North Carolina Wilmington

Symposium 1 (*Davidson A*)

5. Age Friendly Cities Initiative: Collaborations, Connections, and Communities (Track: New Strategic Models)
Kelly Fitzgerald, PhD, Western Kentucky University & World Health Organization; Patrice Blanchard, AARP Kentucky; Dana Burr Bradley, PhD, Western Kentucky University, Alan Glicksman, PhD, Philadelphia Corporation for Aging, Urmila Tokekar, Western Kentucky University

Morning Break **10:00am-10:30am**

Poster Session I (*Legislative Terrace*) — 10:00am-11:00am

6. Academic-Provider Partnerships: A Qualitative Assessment of the Legacy & Best Practices of Two Local Aging Services (Track: Applied Research Best Practices)
Jeff Brooks, PhD, MSW, Fayetteville State University

7. Aging and Pulmonary Emphysema: Current Issues and Literature Review (Track: Applied Research Best Practices)
Patricia Morsch, Andrea Lucia Goncaves da Silva, Jose Antonio Pegas Henrique, PhD, UNC Charlotte

8. Assessment of Body Mass Index and Food Status of Congregate Meal Recipients in Pitt County, NC (Track: Applied Research Best Practices)
Stacy West, East Carolina University; Amanda Mann, East Carolina University; Lynette Spencer, East Carolina University; Quiang Wu, PhD, East Carolina University; Elizabeth Wall-Bassett, PhD, East Carolina University

9. Dementia Workshop for Asian Indian Elders and Their Caregivers: A Manual for the Facilitator (Track: Applied Research Best Practices)
Jeena George, MA, University of North Carolina Charlotte

10. Elders Dying Alone: Re-Examining the Legacy of Commitment from a Multi-Service Perspective (Track: Applied Research Best Practices)
Kate deMedeiros, PhD, Miami University; Kelly Niles-Yokum, PhD, York College of PA; Donna L. Wagner, PhD, New Mexico State University

11. Examining the Impact of Chronic Illnesses for Older Veterans Living in a Rural Area (Track: Applied Research Best Practices)
Andrea Jennings, DRPH, RN, Louis Stokes Dept. of Veterans Affairs Medical Center, Geriatric Research Education and Clinical Center

12. General Health and Personal Networks among Older People with HIV/AIDS in Lome, Togo (Track: Applied Research Best Practices)
Ami Moore, PhD, University of North Texas

13. Aging Information: the OLOF Intervention (Track: Getting the Word Out)
Oluwayemisi Obashoro-John, PhD, University of Lagos, Nigeria

14. Special Exits: Using a Graphic Memoir to Teach about Caregiving and End-of-Life Issues (Track: Getting the Word Out)
Jo Ann O'Quin, PhD, University of Mississippi; Takilya Davis, University of Mississippi; Mary Wheat, University of Mississippi

15. Altering Medical Student Attitudes toward Geriatric Patients through Positive Encounters (Track: Intergenerational Programs)
Susan DeRiemer, Meharry Consortium Geriatric Education Center

16. Geriatric Consultation Provides Both Nonpharmacologic and Pharmacologic Therapeutic Options in Hospitalized Patients (Track: New Strategic Models)
Kiffany Peggs, MD, Vanderbilt University Medical Center

17. Oral Assessments and Care of Older Adults in Long Term Care Facilities: Policy Development and Implementation (Track: New Strategic Models)
Elizabeth Armstrong, RN, BSN, MSN, FNP-C, Radford University

18. Quality of Life, Psychological Adjustment and Adherence Five Years after Heart Transplant: A Multi-Site Comparison of Older (Age 65+) and Younger Recipients (Track: New Strategic Models)
Andrea Shamaskin, MS, Virginia Commonwealth University

19. Designing the Stand-Alone Distance Ed Social Gerontology Course: Challenges and Solutions in Meeting Diverse Student Needs and Interests (Track: Strategies for Program Assessment and Support)
Luci Bearon, PhD, North Carolina State University; Jackie McClelland, PhD, North Carolina State University

20. Making a Difference: One Elder Community High Rise Dwelling Client at a Time (Track: Strategies for Program Assessment and Support)
Pamela Ark, PhD, RN, Ashley Baxter, Denise Eshe, Amanda Harrington, Katrine Jensen, Makko Madison, Adolphus D. Poe, Shirin Tabibi, Latamara Troutt, Tennessee State University

21. Impact of Spirituality and Religiousness on the Well-Being of Older Adults (Track: Strategies for Program Assessment and Support)
Shanta Sharma, PhD, Joyce Shepherd, PhD, Henderson University

22. Stress in Adult Children Caring for Elderly Demented Parents (Track: The New Club Sandwich)
Laurence Solberg, MD, Vanderbilt University; Lauren B. Solberg, JD, MTS, Meharry Medical College

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

Paper Session 2: Aging and Health (*Suite 4A*)

23. Family Health History Communication Networks of Older Adults in Memphis, TN (Track: Applied Research Best Practices)
Sato Ashida, PhD, Ellen J. Schafer, MPH, Codruta Andy Collins, MS, Doris K. Amoah, MPH, University of Memphis

24. Aging, Diabetes, and Marriage: All for One and One for All? (Track: Applied Research Best Practices)
Jaye Atkinson, PhD, Georgia State University

25. Associations of Food Insecurity with Dietary Behaviors and Body Mass Index among Baby Boomers and Older Adults (Track: Getting the Word Out)
SangNam Ahn, PhD, MPSA, University of Memphis, Matthew Smith, PhD, MPH, University of Georgia, Marcia G. Ory, PhD, MPH, Texas A&M University

Workshop 3 (*Suite 7A*)

26. Aging and Disability Resource Networks: Opportunities and Challenges (Track: Applied Research Best Practices)
Edward Ansello, PhD, Virginia Commonwealth University

Symposium 2 (*Davidson A*)

27. Research Methods in Social Gerontology: The State of the Art (Track: Getting the Word Out)
Malcolm Cutchin, PhD, University of North Carolina Chapel Hill, Candace Kemp, PhD, Georgia State University, Victor Marshall, PhD, University of North Carolina Chapel Hill

SGS Awards Luncheon (*Ballroom 1*) 12:15pm-1:45pm

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

Paper Session 3: Geriatric & Gerontological Education (*Suite 4A*)

28. Using Service Learning Courses to Study Elderly 55-75 Years of Age (Track: Getting the Word Out)
Farah Gilanshah, PhD, University of Minnesota-Morris

29. Assessing Improvement in Nursing Students' Skills and Perceptions of Older Adults: The Dedicated Education Unit in Long-Term Care (Track: Strategies for Program Assessment and Support)
Sarah Gilbert, MSN, RN, G-CNS, BC, FNGNA, Radford University, Cecile Dietrich, PhD, RN, Radford University

30. Enhancing Awareness of Elder Issues among Public Health Students: An International Service Learning Approach (Track: Applied Research Best Practices)
S. Sudha, PhD, Sharon Morrisson, PhD, University of North Carolina Greensboro

Paper Session 4: Aging & Culture (*Davidson A*)

31. The Gerotranscendence of Miss Mary: Her End of Life Journals (Track: Applied Research Best Practices)
Jan Vinita White, PhD, Capella University & White Professional Consulting, LLC

32. Developing a Culturally Sensitive Model for Gerontological Education with Minorities (Track: Strategies for Program Assessment and Support)
Rosalie Otters, PhD, MSW, Carolyn Turturro, PhD, University of Arkansas Little Rock

33. Multiculturalism: Increasing Sensitivity at End-of-Life and Death (Track: Applied Research Best Practices)
Jian Jiang, BS, J. I. Wassel, PhD, University of North Carolina Greensboro

34. The Ghanaian Aging Experience: Comparing and Contrasting Aging in Place and Migrating to the U.S. (Track: Applied Research Best Practices)
Stephanie Nmashie, Candace Ashton, PhD, CTRS/LRT, University of North Carolina Wilmington

Workshop 4 (*Suite 7A*)

35. Arkansas AgrAbility Project: Endless Gardening (Track: Getting the Word Out)
LaVona Traywick, PhD, Jessica Vincent, BS, Camme Fell, BS, University of Arkansas Division of Agriculture

Workshop 5 (*Suite 7B*)

36. Who's Entitled to What? Social Security-Medicare-Medicaid (Track: Intergenerational Programs)
Laura Feldman, BGS, The National Committee to Preserve Social Security and Medicare

Exploration Time 3:30pm until

Please take advantage of the vast scientific, artistic, and cultural resources in Nashville. Museums and iconic cultural venues are a short walk from the hotel. Area research centers are accessible via cab or local transportation.



SATURDAY, APRIL 21

Meeting Registration (*Legislative Terrace*) **8:00am-4:00pm**

Exhibits Open (*Legislative Terrace*) **8:00am-4:00pm**

Silent Auction (*Davidson B*) **9:00am-3:45pm**

Concurrent Session IV — 8:30am-10:00pm

Paper Session 5: Coping with Chronic Conditions (*Suite 4A*)

37. Activity Engagement for Persons Diagnosed with Dementia (Track: Strategies for Program Assessment and Support)
Ellen Phipps, CTRS, Alzheimer's Association & Virginia Commonwealth University

38. Self-Efficacy and Empowerment among Older Rural African Americans with Type 2 Diabetes Mellitus (Track: New Strategic Models)
Ishan Canty Williams, PhD, Sharon Utz, PhD, RN, Kathryn Reid, PhD, RN, Guofen Yan, PhD, Ivora Hinton, PhD, University of Virginia

39. "I Do Not Want Headaches": Sexual Inactivity among Older Women Living with HIV/AIDS in Lome, Togo (West Africa) (Track: Getting the Word Out)
Ami Moore, PhD, University of North Texas

Paper Session 6: Images of Aging (*Davidson A*)

40. Media Images of Aging: The New Ageism and Self-Esteem (Track: Getting the Word Out)
Ed Rosenberg, PhD, Carl Marquardt, James R. Peacock, PhD, Nicholas Vollmer, Appalachian State University

41. Sexuality and Aging: Sex vs. Love? (Track: Applied Research Best Practices)
Ruth G. Garrett, PhD, MPH, Med, Consultant, Vanderbilt & Meharry Medical Colleges

42. Humor with Aging: From Whys to Wisdom (Track: Applied Research Best Practices)
Edward Ansello, PhD, Virginia Commonwealth University

Workshop 6 (*Suite 7A*)

43. Have You Heard? Older Adults Are at Risk for Foodborne Illness (Track: Getting the Word Out)
Sandria Godwin, PhD, RD, Tennessee State University; Sheryl Cates, BA, RTI International; Leslie Speller-Henderson, Tennessee State University; Carole Harrah-Siple, BS, Harrah & Associates

Morning Break **10:00am-10:30am**

Poster Session II (*Legislative Terrace*) — 10:00am-11:00am

44. Mental Health Effects of Farmwork for Farmers and Farm Couples over Age 50 (Track: Applied Research Best Practices)
Pamela Teaster, PhD, Deborah Reed, PhD, Mary Kay Rayens, PhD, Sara Adkins, University of Kentucky

45. Nurses' Notification of Increased Risk of Delirium Improves Physicians' Investigation and Treatment (Track: Applied Research Best Practices)
Laurence Solberg, MD, Vanderbilt University School of Medicine

46. Practice Improvement and Process of Care – Navigating the Acute Care Geriatric Admission: Utility of an Acute Care for Elderly (ACE) Unit (Track: Applied Research Best Practices)
Ryan Kalinsky, MD, Vanderbilt University; James Powers, MD, Vanderbilt University

47. Recommendations for Individuals with Varying Degrees of Dementia: Making the Most of Health and Fitness (Track: Applied Research Best Practices)
Olivia Brown; Jennifer O'Donoghue, PhD; Lindsay Toth; J. Steven Fulks, PhD, Barton College

48. Risk of Epilepsy and Seizures in Seniors with Vascular Risk Factors and Depression (Track: Applied Research Best Practices)
Pradumna Singh, MD; Amir M. Arain, MD; Yanna Song, MS; Van Cain, MA; Zahid Samad, MD, MPH; Baqar Husaini, PhD, Meharry Medical College

49. Walking a Mile in Their Shoes: An Ethnographic Exploration of Life in a Nursing Home (Track: Applied Research Best Practices)
Crystal Bastress, York College of PA; Kelly Niles-Yokum, PhD, York College of PA

50. Age Differences in Coping Strategies Among Women in Later Adulthood (Track: Applied Research Best Practices)
HeeSoon Lee, PhD, Bowling Green State University; Mamta Ojha, PhD, Bowling Green State University

51. An Examination of Body Image and Disordered Eating among Older Males (Track: Getting the Word Out)
Amber Meadows, BA, Georgia State University

52. Intergenerational Learning through Early Children's Literature (Track: Intergenerational Programs)
Sandra McGuire, MPH, MSN, EdD, Lincoln Memorial University; Diane Klein, MPH, PhD, Tennessee Wesleyan College

53. Multi-Racial Older Couples: An Examination of Societal Responses (Track: Intergenerational Programs)
Meredith Thompson, Barton College; Brittany Watson, Barton College

54. Social and Emotional Implications for Non-Parental Relative Caregivers Raising Underage Children (Track: Intergenerational Programs)
Thelma Sanders-Hunter, EdD, Tennessee State University

55. Grandchild Reports of Their Relationship with Grandparents: Relationship to Attitudes toward Aging, Attachment, and Filial Piety (Track: Intergenerational Programs)
Michael Gallagher, Murray State University; Keith Dooley, PhD, Murray State University

56. Preparing People with Dementia and Their Caregivers for Hurricanes in Florida (Track: New Strategic Models)
Janelle J. Christensen, MA, MPH, ABD, University of South Florida

57. Training Nursing Aides to Communicate Choices to Nursing Home Residents: An Innovative Model (Track: New Strategic Models)
Linda Beuscher, PhD, VUMC Center of Quality Aging; Dan Durkin, PhD, VUMC Center of Quality Aging

58. Innovative Care Delivery: Bringing Remote Support to a Residential Care Facility for the Elderly (Track: New Strategic Models)
Anita Savell, MSN, University of South Alabama

59. The Effect of Transition into Spousal Bereavement on Mental Health of Middle and Older Adults (Track: Strategies for Program Assessment and Support)
YouSun Baek, MA, Yonsei University; HeyJung Jun, PhD, Yonsei University

60. Exploring Factors Associated with Family Caregivers Who Complete Caregiver Training Programs (Track: Strategies for Program Assessment and Support)
Janet Witucki Brown, PhD, RN, CNE, Kathleen Thompson, PhD, RN, University of Tennessee, Knoxville

61. Elderly Spousal Caregivers of Persons with Dementia (Track: The New Club Sandwich)
Barbara L. Nunley, PhD, RN, GCNS-BC, West Virginia University

62. Preliminary Regional GIS Study of 10 Years of Alzheimer's Disease Mortality Data (Track: The New Club Sandwich)
Stephanie Tuttle, Stephen Threlkeld, PhD, University of Mississippi

63. Lift Chair Use among Older Adults (Track: Getting the Word Out)
Christopher E. Byrd, OTR/L, MPH, Medical Center of Bowling Green, M. Christine Nagy, PhD, Western Kentucky University

Concurrent Session V — 10:30am-12:00pm

Paper Session 7: Community-University Partnerships (*Suite 4A*)

64. The Congregational Social Work Education Initiative (CSWEI): An Innovative Bridge to Community Based Care for Older Adults (Track: New Strategic Models)
Fran Pearson, RN, MSW, LCSW, University of North Carolina Greensboro; Wayne Moore, PhD, North Carolina A & T; Jay Poole, PhD, University of North Carolina Greensboro

65. The Art of Hurdle Crossing: Sampling Individuals with Alzheimer's Disease (Track: Getting the Word Out)
Brandi McCullough, MA, Rebecca G. Adams, PhD, University of North Carolina Greensboro

66. Community-University Partnership: Engaging Schools Serving Rural Custodial Grandparents (Track: Getting the Word Out)
Tina Peterson, PhD, Dana Sullivan, PhD, Western Kentucky University

Workshop 7 (*Suite 7A*)

67. Promoting Positive Self Esteem in Older Adults (Track: New Strategic Models)
Denise Scruggs, MS, MA, Lynchburg College; Yvonne Behrens, MEd, Consultant on Aging

Workshop 8 (*Suite 7B*)

68. Conflicts in Caregiving and Relocation: Three Case Studies from A Practicing Gerontologist (Track: The New Club Sandwich)
Jan Vinita White, PhD, Capella University & White Professional Consulting, LLC

Symposium 3 – Past Presidents' Symposium (*Davidson A*)

69. Twenty-Five Years after Rowe and Kahn: Successful Aging Revisited (Track: Applied Research Best Practices)
Leonard Poon, PhD, University of Georgia, Mary Altpeter, PhD, MPA, North Carolina Institute on Aging, Jim Mitchell, PhD, East Carolina University, Luci Bearon, PhD, North Carolina State University (Discussant)

Lunch (On Your Own) — 12:00pm-2:00pm

SGS Committee Meetings — 12:00pm-1:45pm

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

Paper Session 8: Work & Retirement (*Suite 4A*)

70. Innovative Program Projects from an Initiative to Provide Geriatric Workforce Development (Track: New Strategic Models)
Leland Waters, MS, Virginia Commonwealth University

71. The School of Transformaging at Lipscomb University: An Idea Blooms into Fruition (Track: Getting the Word Out)
Charla Long, JD, Lipscomb University, Charlie Anderson, BS, Tennessee Health Management

72. The Neoliberal Political Economy and the End of Retirement Security (Track: Applied Research Best Practices)
Larry Polivka, PhD, Florida State University

73. Removing the Bottleneck: Assessing Strategies to Improve Recruitment and Retention of Nurse Faculty to Meet Future Nursing Workforce Needs
Jennifer Craft Morgan, PhD, North Carolina Institute on Aging

Paper Session 9: Intergenerational Programs (*Suite 7A*)

74. Aging Services Can Go Intergenerational (Track: Intergenerational Programs)
Gordon Walker, MS, Jefferson Area Board of Aging, Cheryl Cooper, MA, Jefferson Area Board of Aging

75. Arkansas Change Club: Invoking Nutrition and Physical Activity Change through a Group of Older Women Currently Involved in An Exercise Program (Track: New Strategic Models)
Candace Carrie, MS, BS, University of Arkansas Division of Agriculture, Miriam Nelson, PhD, Tufts University, LaVona Traywick, PhD, University of Arkansas Division of Agriculture, Eleanor Heidkamp-Young, BA, Tufts University, Lisa Washburn, University of Arkansas Division of Agriculture

76. Learning for Longer Life: Imperatives for Aging Education Curriculum (Track: Intergenerational Programs)
Oluwayemisi Obashoro-John, PhD, University of Lagos, Lagos-Nigeria

Workshop 9 (*Suite 4B*)

77. New Directions in National and State Policies Supporting Family Caregivers of Older Adults with Dementia (Track: New Strategic Models)
Jodi Teitelman, PhD, Virginia Commonwealth University, Christine J. Jensen, PhD, The Center for Excellence in Aging and Geriatric Health

Workshop 10 (*Suite 7B*)

78. The Necessity of Touch: Massage and the Elderly (Track: New Strategic Models)
Yolanda Biggs, LMT, White River School of Massage

Symposium 4 (*Davidson A*)

79. A Remembrance of Gordon and Ruth Streib (Track: Intergenerational Programs)
Wiley Mangum, PhD, Ann B. Mangum, W. Edward Folts, PhD, Appalachian State University, Leonard Poon, PhD, University of Georgia

SGS Business Meeting (*Davidson A*)	**4:00pm-5:00pm**
Careers in Aging Mentoring Moments (*Suite 7A&B*)	**5:00pm-6:00pm**
Dine-Around with SGS Colleagues (*Location TBA*)	**7:00pm until**
Nashville Club Crawl/Boot Scoot	**9:00pm until**



SUNDAY, APRIL 22

Meeting Registration (*Legislative Terrace*) **8:00am-10:00am**

Concurrent Session VII **8:30am-10:00am**

Paper Session 10: Family Caregiving (*Suite 4A*)

80. Aging and Caring: Things Families Need to Know (Track: New Strategic Models)
Maribeth Farringer, BS, Council on Aging of Greater Nashville, Caroline Chamberlain, MSSW, Council on Aging of Greater Nashville, Rebecca Climer, St. Thomas Health Services

81. Caregivers of People with Alzheimer's Lack Accurate Knowledge of the Disease (Track: New Strategic Models)
Gail Sonnesso, AS, BA, MS, The GEM Center

Paper Session 11: Special Populations (*Davidson A*)

82. The Aging of Persons with Bipolar Disorder: Practice Implications (Track: Applied Research Best Practices)
Sarah Buila, PhD, Southern Illinois University Carbondale

83. Predictors of Prison Adjustment Among Older Women (Track: Applied Research Best Practices)
Lori Farney, MA, University of Tennessee

84. Coresident Relationships in Assisted Living: Examining the Influence of Functional Status (Track: Applied Research Best Practices)
Navtej Sandhu, MA, Candace L. Kemp, PhD, Mary M. Ball, Georgia State University, Molly M. Perkins, PhD, Emory University

Workshop 11 (*Suite 7A*)

85. Interdisciplinary Cases to Facilitate Training for Geriatric Teams (Track: Getting the Word Out)
Susan DeRiemer, PhD, Meharry Medical College

Gerontologists Rooted in the South (GRITS) Brunch: Honoring SGS Past (*Ballroom 1*) **10:15am-12:00pm**

Closing SGS Board of Directors Meeting (*Davidson A*) **12:30pm-2:00pm**



ABSTRACTS

Friday, April 20

1. Disparities in Nursing Home Care: The Significance of Race and Place

Kathleen Abrahamson, PhD, Western Kentucky University, Heather Davila, BA, University of Minnesota, Jenna Gillette, BA, Western Kentucky University

Quality of nursing home care is strongly influenced by facility location and the demographic characteristics of the residents served. Significant disparities, resulting in lower quality nursing home environments for residents who are racial/ethnic minorities and/or seek care in rural or remote settings, persist. We present a comprehensive review and synthesis of current literature regarding policy-based actions to reduce unequal access to high quality long-term care. Nursing homes remain predominately segregated institutions, with racial minorities concentrated in a few facilities. This persistent segregation results from a historical lack of development and enforcement of desegregation policy aimed at changing admissions practices that replicate the residential segregation found in many US cities. Black and Hispanic residents are disproportionately cared for in poor quality environments, characterized by a dependence upon Medicaid funds, less qualified staff, and poor clinical outcomes. Rural nursing homes are also more likely to possess these institutional characteristics, as well as low access to onsite providers, less delivery of care through specialty units or programming, and less access to highly qualified staff. Also, the high rate of nursing home placement in rural areas represents a disparity in the amount and effectiveness of long-term care rebalancing efforts in remote locations.

2. Hospice Care Length of Service in For-Profit and Not-For-Profit Hospice Agencies

David Rosenthal, PhD, SangNam Ahn, PhD, University of Memphis

Hospice care is an approach for treating terminally ill patients with palliative care services rather than traditional medical care and curative treatment. Although for-profit and not-for-profit hospice agencies in the U.S. have similar operational processes, differences in their patient lengths-of-service/lengths-of-stay raise important questions as to the potential for agency preferences related to specific admitting diagnoses. Based upon data extracted from the 2007 National Home and Hospice Care Survey (n = 4,408), this study uses logistic regression to identify contributing factors and investigates potential predictors of extended hospice care services (6 - 12 months; > 12 months) based upon patient and agency variables including patient demographics, Medicare/Medicaid enrollment, agency type (for-profit/not-for-profit), and admitting diagnoses. Preliminary results indicate that approximately five percent (n =226) of all patients included in the survey had hospice care stays of longer than 12 months. Moreover, hospice care stays longer than 12 months were more common among females aged 75 years or older. The results of this study will also provide an appropriate foundation for follow-on analysis of Tennessee-specific hospice services utilization as compared to national averages in both for-profit and not-for-profit hospice agencies.

3. Inclusive Discharge Planning: Community Based Care Alternatives

Shervonne Banks, MS, University of Massachusetts Boston, Veronica E. Williams, JD

Discharge planning is a constantly evolving art form. Seniors are living longer and they demand to receive care in their own homes. Traditional discharge strategies that constitute facility based skilled and long-term care as the primary options for discharge is on the decline. In earlier years, patients relied primarily on acute care facilities to dictate the discharge plan. Today, patients and families come prepared with numerous questions and ideas for their care. In order for a planner to be effective in the discharge process, they must be fond of community based care (CBC) alternatives. Discharge planners are not adequately versed with the alternatives for receiving community based care and this can be directly linked to pre-institutionalization. Discharge planning today has more to do with continuity of care, rather than placement, which requires in-depth skill and commitment. In order to keep up with this shift, facilities will need to mandate (CBC) trainings for discharge planners. Without this change, patients may never be familiar with core services that may aide their safety in the community. This workshop will: review various (CBC) options, and Person Centered Planning models, and extend opportunities for participants to engage in discharge planning on various case scenarios.

4. Effective Collaborations between Gerontology Programs and Community Partners

Dena Shenk, PhD, UNC Charlotte, Cynthia Hancock, PhD, UNC Charlotte, Eleanor Covan, PhD, UNC Wilmington

Service Learning, field placements and internships are integral components of most gerontology education programs. These real-life experiences are essential to preparing students for entry into the workforce as well-educated and competent workers. The collaborative relationships between a Gerontology Program, including university professors and students, and community providers are key to developing and sustaining effective field-based programs. The challenges and advantages for students, community partners and older adults will be discussed. This session will explore the elements of developing and sustaining collaborative arrangements based on our experiences in the UNC Charlotte and UNC Wilmington Gerontology Programs. The workshop leaders have developed and coordinated a variety of experiential learning programs including on-going service learning projects, undergraduate and graduate field placements and internships, and research projects.

5. Age Friendly Cities Initiative: Collaborations, Connections, and Communities

Kelly Fitzgerald, PhD, Western Kentucky University & World Health Organization; Patrice Blanchard, AARP Kentucky; Dana Burr Bradley, PhD, Western Kentucky University, Alan Glicksman, PhD, Philadelphia Corporation for Aging, Urmila Tokekar, Western Kentucky University

This symposium examines the international movement to form age-friendly cities, which encourages municipalities to transform themselves so that they become better places to live for older people. Characteristically, these initiatives involve multiple institutional sectors. A focus on community features is a departure from aging initiatives concerned with older people as individuals. In many developed nations, the vast majority of resources in public initiatives to support older people are invested in financial security, health care, and long-term care where the focus is on individual benefits. Community features that collectively benefit residents have received much less systematic attention. The call for age-friendly community features comes at a time when the public sector has little money for new initiatives. This means that the policy tools available to encourage age-friendly community initiatives do not include major direct financial incentives. Instead, the policy tools are more likely to involve public education, regulation, enforcement, and perhaps tax incentives.

After an introduction of the age-friendly cities concept developed by the World Health Organization, two case studies will be presented showcasing a variety of public policy research strategies and implementation venues in the United States. Philadelphia (PA) and Bowling Green (KY) have each approached the research and program implementation process slightly differently and will provide the audience a detailed discussion about how each city is using partnerships among local organizations and the city government to inform public policy while making the community age-friendly

6. Academic-Provider Partnerships: A Qualitative Assessment of the Legacy & Best Practices of Two Local Aging Services

Jeff Brooks, PhD, MSW, Fayetteville State University

The objective of this project is to provide a concise overview of agencies serving the elderly and what we can learn from them. This project reports on academic community service involvement with two agencies providing services to the elderly. Participant observation as a board member and interviews with retired agency leaders serve as the source of information for sharing best practice insights. This presentation provides suggestions for enhancing partnerships, and advocates to continue funding of agencies like these to avoid a crisis in this country. The author served on Advisory Boards making this a participant observer method. Interviews with retired agency Directors were conducted to gain insights into the history of the agency and personal legacy of these agency leaders. Both are women who embrace activity theory and what our field calls bridge jobs to retirement or On-Core Careers. Threats by conservatives about future cuts in funding programs for the elderly, and from the economic crisis combine to make having data that documents the legacy of effective delivery of services are needed more than ever. Partnerships allowing us to do more with less funding that serve as best practice models are essential.

7. Aging and Pulmonary Emphysema: Current Issues and Literature Review

Patricia Morsch, Andrea Lucia Goncaves da Silva, Jose Antonio Pegas Henrique, PhD, UNC Charlotte

The older population has been increasing as well as life expectancy. As a result, there is a higher incidence of chronic diseases, such as emphysema. Emphysema is a devastating illness characterized by the destruction of alveoli walls. Symptoms may vary depending on the severity of the disease, but most patients report having dyspnea and difficulty in exhaling air, due to reduced compliance of the lungs and airway obstruction. The fundamental cause of emphysema is still unknown. It is understood that there is a relationship between this condition and cell inflammatory responses to toxic substances, such as tobacco. It has been also suggested that age can play an important role in the development of this disease. However, the age-related mechanisms causing emphysema are still unknown. Among the elderly this chronic condition is associated with a poor prognosis, hospitalization and increased mortality rate. Despite the importance of this disease, research during the last few decades has been undeniably insufficient. Treatments are available to reduce emphysema symptoms, but none of them can regenerate lung properties and heal the individual from the disease. Encouraging people to prevent this disease is needed since emphysema have a huge impact in individuals and society.

8. Assessment of Body Mass Index and Food Status of Congregate Meal Recipients in Pitt County, NC

Stacy West, Amanda Mann, Lynette Spencer, Quiang Wu, PhD, Elizabeth Wall-Bassett, PhD, East Carolina University

People who lack safe access to nutritious and healthy foods (food security) are at risk for developing health complications such as depression, sensory deterioration, decreased oral health, osteoporosis/osteopenia, diabetes, and cardiovascular disease. Body mass index (weight in kg/height in m2) is an indicator for health risk. Elderly persons are at greater risk for developing health complications and have lower food security. The goal of this study was to assess congregate meal recipients in all six Pitt County Council of Aging sites (Fountain, Farmville, Grifton, Ayden, Greenville, and Bethel). Researchers surveyed 63 individuals (mean age = 74 yrs) regarding self-report height and weights, food purchasing and procurement practices, and household food security status. There was a positive relationship between body mass index and household food security level (r=.239, p=0.076). The results of the study provide compelling evidence that more programs should be put into place to educate congregate meal recipients about the consequences of obesity to health. Programming priorities should also allow better access to safe, nutritious foods for this population group.

9. Dementia Workshop for Asian Indian Elders and Their Caregivers: A Manual for the Facilitator

Jeena George, MA, UNC Charlotte

Research reveals that Asian Indians lack awareness about dementia and the lack of culturally appropriate resources is one of the major challenges for Asian Indians. To bridge this gap, I developed a manual for a dementia workshop for Asian Indian elders and their family caregivers. The workshop is designed to be a one-day workshop that can be conducted by professionals such as social workers, nurses, physicians and other service providers. The workshop will begin by helping the Asian Indian elders and their family members develop an understanding of Asian Indian views about dementia and realities including awareness about dementia as a medical condition. The workshop includes information about communicating with doctors, strategies for communicating with loved ones with dementia, and finally resources for current and future caregivers. Questions for discussion and interactive exercises are included.

10. Elders Dying Alone: Re-Examining the Legacy of Commitment from a Multi-Service Perspective

Kate deMedeiros, PhD, Miami University, Kelly Niles-Yokum, PhD, York College of PA, Donna L. Wagner, PhD, New Mexico State University

Although dying alone is a fear among people of all ages, it is not an area that has been extensively explored, especially by gerontologists. One of the challenges is the lack of a uniform reporting structure, which makes it difficult to accurately estimate the prevalence of dying alone. Although information on number of unclaimed bodies and indigent burials is available through various government agencies throughout the U.S., data on people who die in their homes and are not found for 24 hours or more is not kept in any uniform way. To better understand the scope of the problem, we conducted a

national survey with medical examiners and funeral directors about their experience with and perceptions about "dying alone" with special attention toward older adults. Respondents indicated that between 30-45% of their cases involved decedents age 65 and over, with a majority of cases being death by natural causes. Most also indicated that they expect percentages to increase in the upcoming years. Overall, our findings point to the importance of re-examining the legacy of commitment to policies and services for elders at-risk of dying alone and highlight the need for in-depth research on this important topic.

11. Examining the Impact of Chronic Illnesses for Older Veterans Living in a Rural Area

Andrea Jennings, DRPH, RN, Louis Stokes Dept. of Veterans Affairs Medical Center, Geriatric Research Education and Clinical Center

Approximately 3.3 million Veterans who are enrolled in the VA health care system live in rural or highly rural areas of the country. There are significant knowledge gaps addressing how older Veterans in rural areas are managing their chronic illnesses. This study examined how chronic illnesses impact the daily lives of older Veterans living in a rural area. The study was conducted in one rural outpatient clinic in Ohio. The Chronic Disease Self Management Questionnaire was utilized and administered to older Veterans who were willing to participate. A total of 32 Veterans participated in this study thus far. Survey respondents included 32(100%) men who had a mean age of 68. In terms of physical activity, 26(81%) did not walk or perform any stretching/strengthening exercises. Most participants 18(56%) were not confident that they could keep the fatigue caused by disease from interfering with daily activities. Regarding physician visits, 21(66%) almost never prepared a list of questions for their doctor and 18(56%) almost never asked questions about medical issues that they did not understand. The identification of health care needs and self practices allow for specialized program development and services that can help this population manage their chronic illnesses more effectively.

12. General Health and Personal Networks among Older People with HIV/AIDS in Lome, Togo.

Ami Moore, PhD, University of North Texas

Purpose: Social networks and health-related studies have been conducted on elderly populations with different health conditions. However, no study to our knowledge, has examined the relationship between the general health of older people living with HIV/AIDS (OPLWHA) and their personal networks in Africa. This exploratory study investigates the relationship between the general health of OPLWHA and their personal network. Methods: Forty-nine OPLWHA were interviewed in Lome, Togo via means of a survey. Four different networks were created through name generators. The networks are: 1-people that OPLWHA could call on if they become seriously ill at night, 2-people from whom OPLWHA could borrow a large sum of money ($500), 3-People with whom OPLWHA discuss important matters, 4-people that OPLWHA enjoy socializing with. Measures of association (gamma) were run to assess personal networks that correlate with reporting "at least good health" among OPLWHA. Results: Only the network of people with whom OPLWHA enjoy socializing with significantly affects the general health among OPLWHA. Conclusion: Findings are discussed in light of constructs from social network literature, HIV/AIDS, and gerontology.

13. Aging Information: The OLOF Intervention

Oluwayemisi Obashoro-John, PhD, University of Lagos, Nigeria

As the Nigerian population grows older, individuals, government and communities need to adjust thoughts, policies and practices, towards creating age friendly societies. The challenge, therefore, is to understand how people interpret their private troubles and consider how these troubles become public issues generating societal responses. This consciousness led to the intervention of Oluwayemisi Obashoro Foundation (OLOF) to provide the needed aging information through mass education and mobilization. This presentation shows the foundation's profile, intervention objectives, programs and strategies evidence... Annual Public Lectures and Symposium; Books and Annual Newsletter publications; Quarterly Seniors Forums; Weekly Radio Program for Retirees; Care giving Trainings and Capacity Building; Volunteer Recruitment and Training. Results, outcomes and impacts are awareness creation, growth of interests in favour of aging information and issues, advocacy for older person's welfare, provision of relevant information, documented referral efforts for in-home care and institutional placements, and garnered support for daily needs of vulnerable older persons. Further work includes: formation of Learning for Longer Life Club (Club L3) in Secondary schools across Lagos State and

increased support to be able to touch more older persons in need.

14. Special Exits: Using a Graphic Memoir to Teach about Caregiving and End-of-Life Issues

Jo Ann O'Quin, PhD, Takilya Davis, Mary Wheat, University of Mississippi

Special Exits is a special book written in a special format by a special person. Joyce Farmer's graphic (comic book) memoir portrays the real life demands and joys of caring for aging parents at the end of life. The drawings, begun in the late 1990s, were painstakingly done over many years due to the author's dealings with macular degeneration as well as her struggles of reliving the depressing and burdensome issues of care and decision making for parents whose bodies and minds were failing them. Now in her 70s, Joyce Farmer hopes that her book will resonate with caregivers and the aging network. Her memoir explores topics in a non-conventional manner and is being used as a "text" in our gerontology classes, with very positive student responses. The presentation provides an outline of major topics that can be discussed in the context of aging issues and adjunct curriculum materials to use as educational tools for caregiving and end-of-life issues for both students and caregivers.

15. Altering Medical Student Attitudes toward Geriatric Patients through Positive Encounters

Susan DeRiemer, Meharry Consortium Geriatric Education Center

Medical students enter with negative perceptions of the elderly that influence their interest in geriatrics as a career and their attitudes toward geriatric patients. Our approach has been: 1) Identify the negative perceptions and comparing them with "isms" such as racism and sexism; 2) Provide information that contradicts the stereotypes; 3) Have students interact with successfully aging adults in non-clinical settings (Senior Centers or Independent Living Facilities); and 4) Provide a student organization, the Geriatric Student Forum, to increase geriatric content across disciplines and all 4 years. Students are asked to complete knowledge, attitude and intent to change surveys that include likert-scale, multiple choice and open-ended questions after completing the basic sciences components. Results indicate that students can identify common sources of ageism that affect their own attitudes. Exposure to successfully aging seniors and presentation of material on geriatrics increases student interest in geriatrics. Students report increased comfort communicating with seniors, more positive attitudes towards geriatric patients, more positive attitudes toward their own aging, and increased intent to provide preventive care to seniors. These results reinforce the need for intergenerational contact during professional education that emphasizes the positive aspects of aging and the rewards of working with the geriatric population.

16. Geriatric Consultation Provides Both Nonpharmacologic and Pharmacologic Therapeutic Options in Hospitalized Patients

Kiffany Peggs, MD, Vanderbilt University Medical Center

Elderly patients with dementia are at risk for harm from medications used to control behavior. We initiated a Geriatric Consult Service at a University Hospital to assist colleagues in managing elderly patients. A 78 y/o male with multiple medical problems including Alzheimer's disease was admitted from his LTC facility for progressive agitation. Delirium and medical conditions were ruled-out as contributors and psychotropic medication (risperidone) was initiated producing profound parkinsonian side effects. A Geriatric consultation was placed, medications were reduced and the family and staff were educated on environmental manipulation including undisturbed sleep, providing late breakfasts (preferred by the patient) and sitting at the nursing station to maximize interpersonal interaction. This resulted in greatly improved behavior as well as family and staff satisfaction. During the subsequent twenty months since initiation, 64 referring providers from clinical services including but not limited to Internal Medicine, General Surgery, Neurosurgery, Orthopedics, and Cardiology ordered 141 Geriatric consults. These consults required assessment of Delirium (31%), Geriatrics Assessment (20.2%), Dementia (18.6%), Polypharmacy (8.5%), Failure to thrive (6.2%), and Depression (3.9%). A Geriatric Consult Service can provide an important educational function to physicians and staff improving patient care by providing nonpharmacologic and pharmacologic therapeutic options.

17. Oral Assessments and Care of Older Adults in Long Term Care Facilities: Policy Development and Implementation

Elizabeth Armstrong, RN, BSN, MSN, FNP-C, Radford University

Oral care and assessments are an important aspect of care for elderly patients in long term care facilities and is frequently overlooked. Patients in long-term care facilities commonly have disabilities that do not allow them to properly clean their own teeth or dentures and rely on the help of nursing staff to achieve this activity. Poor oral health can lead to illnesses such as aspiration pneumonia, stroke, diabetes, and hypertension. These illnesses can then lead to further disability, morbidity, and even death. Many long term care facilities do not have policies in place to address the need of proper oral assessments or an oral assessment tool to help guide their decision process on the type of oral care needed. This poster will address the issue of poor oral care and assessments, review the current literature related to evidence based practice, and propose a policy, assessment tool, and care plan that will guide nursing staff in oral assessments to increase the health of long term care residents. A policy on oral care and assessments was developed to guide the practice of nurses on oral assessments and hygiene for the Medical Facilities of America (MFA).

18. Quality of Life, Psychological Adjustment and Adherence Five Years after Heart Transplant: A Multi-Site Comparison of Older (Age 65+) and Younger Recipients

Andrea Shamaskin, MS, Virginia Commonwealth University

Research examining age differences following heart transplant (HT) has focused primarily on mortality and morbidity outcomes, with little emphasis on potential age differences in quality of life and psychosocial outcomes. The objective of the study was to determine whether older patients have more positive adjustment and quality of life several years after HT compared to younger patients. 555 patients who were at least five years post-HT were recruited from four medical centers in the U.S. The sample included 165 older patients (at least age 60 at time of transplant), 300 middle-aged patients (between age 45 and 59) and 90 younger patients (under age 45). Patients were mostly male (78%), Caucasian (88%), and well educated (mean years of education = 14.04). Outcome measures examined quality of life, social support, mood, coping strategies, stress, health functioning, and adherence. Hypotheses regarding outcomes were derived from incidental findings from the original study. In this large sample, older patients had better quality of life, psychosocial adjustment, and adherence after HT than both middle-aged and younger patients. If replicated, this age advantage should at least be considered when assessing age as a criterion for HT clinical decision-making and organ allocation policy.

19. Designing the Stand-Alone Distance Ed Social Gerontology Course: Challenges and Solutions in Meeting Diverse Student Needs and Interests

Luci Bearon, PhD, Jackie McClelland, PhD, North Carolina State University

Instructors designing an overview or stand-alone gerontology course have special challenges because their course may be the only exposure that students or working professionals will get to the theories, concepts and research findings from the field of aging. In this poster presentation, we will discuss the practical issues faced in designing and teaching such a course three times, including the added challenges and opportunities of offering it to students via distance education (blending synchronous sessions via Elluminate and asynchronous sessions on Moodle). We will discuss the following questions and present our solutions and lessons learned: what is the purpose/core knowledge for a graduate level social gerontology course, what are the essential topics, how do we include content from an array of disciplines, who should we be marketing this kind of course to, should we attempt teaching competencies for working with older adults in a one-semester course? We will also discuss and display methods we used, emphasizing the value of working with an instructional designer to identify technology, resources, and assignment options to engage students with content and with each other, and to enliven the asynchronous online learning experience.

20. Making a Difference: One Elder Community High Rise Dwelling Client at a Time

Pamela Ark, PhD, RN, Ashley Baster, Denise Eshe, Amanda Harrington, Katrine Jensen, Makko Madison, Adolphus D. Poe, Shirin Tabibi, Latamara Troutt, Tennessee State University

Faculty and senior baccalaureate nursing students joined together in a service-learning clinical course to meet varied health needs of community-dwelling clients

age 62 and older who reside in a large metropolitan area housing development. The elders are self-sufficient in activities of daily living however present with co-morbidities. Student nurses worked with the elders honing therapeutic communication skills during an academic semester. The presentation includes an overview of interview strategies using key informant interviews and the development of individual ecomaps. Students summarized data and completed analysis using the service-learning question of how the data would guide the nursing care of the client. Interventions included medication management assessment, blood pressure awareness, health education on age-appropriate vaccinations, and lifestyle management. Elders contributed to the student learning through sharing stories on challenges faced daily regarding health. Students evaluated client progress over the semester. The poster will include the findings related to elder health outcomes. The clinical experience is an essential part of learning for undergraduate nursing students who will care for the same elders during acute episodic hospitalization. Through the community placement, nursing students will know the setting that the elder will face when transitioning from the hospital back to the home dwelling.

21. Impact of Spirituality and Religiousness on the Well-Being of Older Adults

Shanta Sharma, PhD, Joyce Shepherd, PhD, Henderson University

The purpose of this study was to examine the impact of life long experiences of spirituality and religiousness on the well being of elderly by utilizing the "Spirituality History Scale of Four Dimensions (SHS-4)(Hays, Keith, Meador, Branch and George, 2001). The study sample was comprised of 132 older adults ranging from 54-85 and above years of age. Sixty-two point one percent were older women; 42.2% were married; 62.1% were African American; 88.6% were protestant; almost 70.0% were comfortable with their financial status; and 44.7% were v. Healthy to Healthy. About 90.0% percent indicated that they are religious and spiritual; 56.6% felt close to God and about 60.0% were convinced that God exists. Factor structure and scale reliabilities were derived of total sample. Principal Component analysis with varimax rotation extracted 4 factors. The total scale Alpha reliability was .85 with four sub-scales Alpha reliabilities ranging from .79 - .90. Of the original 23 items 21 items were retained. The findings revealed that SHS-4 is a reliable and valid scale to measure religiousness, spirituality and wellness among older adults. Further, One-Way analysis indicated significant differences by sociodemographic variables. It is suggested to replicate the study on diverse religious older populations.

22. Stress in Adult Children Caring for Elderly Demented Parents

Laurence Solberg, MD, Vanderbilt University School of Medicine, Lauren B. Solberg, JD, MTS, Meharry Medical College

Background: Adults caring for demented elderly parents and their own children are the “sandwich generation.” Their stress is anecdotally noted but not well studied or documented. It is believed that they experience significant emotional stress and financial burden. Methods: Adult children were surveyed about the impact of caring for a demented parent. 85/95 (89%) were returned, and 45/85 (47%) respondents were primary caregivers of demented elderly parents. The respondents also assessed the usefulness of services/education as coping mechanisms. Results: On average caregivers were 54 years old, 36/45 (80%) women and 9/45 (20%) men, 28/45 (62%) were married, 38/45 (84%) had children, only 18/45 (47%) were of the “sandwich generation.” Caregivers reported little impact of stress on their professional lives, but emotional impact showed anxiety and sadness. Participating in activities of interest/hobbies decreased, but not time spent with friends. Helpful coping mechanisms were identified by the respondents. Conclusions: Adult children of the sandwich generation experienced stress, anxiety, and sadness. Caregivers’ emotions were negatively impacted but not their finances or careers. Emotional stress decreased activities of interests, but not social interactions. Helpful services were seminars on care of demented patients, meetings with social workers for resource availability, and seminars on coping mechanisms.

23. Family Health History Communication Networks of Older Adults in Memphis, TN

Sato Ashida, PhD, Ellen J. Schafer, MPH, Codruta Andy Collins, MS, Doris K. Amoah, MPH, University of Memphis

Family health history (FHH) helps determine disease risk levels to provide tailored public health recommendations; however, inadequate knowledge of FHH among the general public hinders its usefulness for chronic disease prevention. Older individuals know more FHH than younger individuals, and play a critical role in disseminating FHH information within families.

Cross sectional interviews were conducted with 110 older adults from 3 senior centers in Memphis, TN, to evaluate their communication networks. Participants answered questions regarding their social networks, FHH communication, and perceptions about FHH. A total of 1,607 network members (65% first-degree-relatives, 26% second-degree-relatives, 3.3% social kin) were enumerated with an average network size of 14.6 (SD=5.85). On average, participants received FHH information from 1.79 (SD=1.87), shared it with 3.72 (SD=3.98), and were willing to share with 5.14 (SD=5.67) persons in their networks. The majority (70-89%) of the communication partners were first-degree relatives. Willingness to share FHH was associated with perceptions of children (p<.001) and siblings (p=.007) being interested in knowing FHH. Participants had rather small communication networks; they received information from 12% and shared it with 25% of the network members. FHH dissemination among older adults may be facilitated by family members indicating their interests in knowing FHH.

24. Aging, Diabetes, and Marriage: All for One and One for All?

Jaye Atkinson, PhD, Georgia State University

Age stereotypes have been found to have a significant impact on one's own health. Past research clearly shows a link between self-stereotyping and physiological health, such that negative stereotypes of age may create cardiovascular stress and positive stereotypes of age may improve one's recovery from a health crisis. This interview project focuses on these issues within a married, diabetic population. Specifically, this project sought to understand the relationships among beliefs about aging, beliefs about diabetes, diabetes maintenance strategies, and marital social support. Ten couples were interviewed as a couple and then separately, resulting in 30 total interviews. Individuals with more positive beliefs about aging were either in better glycemic control or were more supportive of their spouse's maintenance strategies. Marriage longevity and participant age drastically changed how the participants viewed the diagnosis of this chronic disease. Older participants who were married longer (i.e., 40+ years) saw the diagnosis as an important issue for both partners and reacted as a team. Younger participants, married for less time, were defensive about the diagnosis and blamed the non-diabetic partner for creating a non-supportive environment. Results are discussed in terms of age stereotypes about health and social support networks.

25. Associations of Food Insecurity with Dietary Behaviors and Body Mass Index among Baby Boomers and Older Adults

SangNam Ahn, PhD, MPSA, University of Memphis, Matthew Smith, PhD, MPH, University of Georgia, Marcia G. Ory, PhD, MPH, Texas A&M University

Increasing obesity levels portend a challenging healthcare issue for individuals and greater society, while simultaneously the current economic crisis may foster food insecurity characterized by limited or uncertain access to adequate food. However, the extent to which food insecurity is associated with dietary behaviors and obesity among baby boomers (born between 1946 and 1964) and older adults (born before 1946) (B&O) remains unclear. This study examines associations among food insecurity, dietary behaviors, and body mass index (BMI) among B&O. Subjects included 2,985 baby boomers (n=1,589) and older adults (n=1,396) who participated in the 2010 Brazos Valley Health Survey, which was conducted in a seven-county Texas region. Logistic regression was used to examine how food insecurity and fruit and vegetable intake were associated with being obese (BMIâ‰¥30.0kg/m2). While approximately 36% of participants were obese, obesity was more common among those who were ethnic minorities and reported household or personal food insecurity. Obesity was less common among those who were older adults, ate fruit more often, and engaged in physical activity (i.e., â‰¥30 minutes; â‰¥5 days a week). Findings suggest improving food insecurity and dietary intake, combined with engaging in recommended exercise levels, may be reasonable targets for behavioral interventions among B&O.

26. Aging and Disability Resource Networks: Opportunities and Challenges

Edward Ansello, PhD, Virginia Commonwealth University

Recent actions by AoA encourage coordinated interactions between aging and disabilities networks to benefit consumers' choices and quality of services. A narrow but long history of local, regional, and statewide collaborations between the aging network and lifelong disabilities agencies offers models for effective development and implementation. These collaborations have often served as de facto public policy, in the absence of systematic policy to address aging with lifelong disabilities. This workshop, drawing on more

than 20 years of related experience, examines common links between the aging and disabilities systems, especially the key element of family caregiving, transitions in care, and two-generation geriatric families. It cites field-tested/evidence-based 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 caregiving, 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.

27. Research Methods in Social Gerontology: The State of the Art

Malcolm Cutchin, PhD, University of North Carolina Chapel Hill, Candace Kemp, PhD, Georgia State University, Victor Marshall, PhD, University of North Carolina Chapel Hill

In this symposium, we present the results of our research for a four-volume set to be published by Sage Publications later in 2012. The intention of the project was to select exemplars from the peer-reviewed literature that together produce a useful view into the state of the art for research methods in social gerontology. We will first describe the research methodology (including challenges faced) and the final collection of articles included in the set. After discussing the logic of the organization of the volumes, we will elaborate on patterns of development in social gerontological methods as gleaned from the research. We then will turn our focus to the most interesting features of current qualitative, quantitative, mixed-methods, and other methodological practices. In the last part of the symposium, we provide arguments for research practices that have intriguing potential or illustrate particular strengths in the field as well as suggest gaps or other concerns about methods that arose from our analysis.

28. Using Service Learning Course to Study Elderly 55-75 Years of Age.

Farah Gilanshah, PhD, University of Minnesota-Morris

This study is about how to use research methods class as a service learning course to conduct research for the elderly in the community and see whether their needs are met. The significance of this study are in three folds: 1) students learn methodology as they have hands on the actual experience of conducting research, 2) the needs of elderly of the area will be recognized, and 3) it is an excellent approach to get the word out to attract the elderly of other areas to migrate in. In short, it serves students, university, community, and the retirees of the area.

29. Assessing Improvement in Nursing Students Skills and Perceptions of Older Adults: The Dedicated Education Unit in Long-Term Care

Sarah Gilbert, MSN, RN, G-CNS, BC, FNGNA, Radford University, Cecile Dietrich, PhD, RN, Radford University

The Dedicated Education Unit (DEU) is an innovative partnership between academia and long-term care facilities (LTC). Originally developed to fill a clinical need for senior level nursing students in NURS 444: Gerontological Nursing, this partnership created RN preceptor role models to work directly, in five facilities, with identified clinical instructors. When approached to hire RNs, to meet the need for RN role models, the facilities were most receptive. Preceptor training was provided and coupled with the course/class expectations. Each week preceptors coordinated clinical experiences with student lecture content and together with clinical instructor enhanced the 5 weekly clinical experiences. A mixed methods research study was initiated with IRB approval, to measure student skills before and after the experience and reflective journal entries detailed qualitative information about student attitudes and beliefs toward older adults and LTC as a practice specialty. The higher acuity levels evidenced in rehabilitation and skilled units afforded students multiple learning experiences. They were able to consistently see patients weekly, participated in occupational, physical and speech therapy as well as developed in service education programs for staff. Their skill levels improved, their self-competency in performance and their attitude toward older adults far surpassed expectations.

30. Enhancing Awareness of Elder Issues among Public Health Students: An International Service Learning Approach

S. Sudha, PhD, Sharon Morrisson, PhD, University of North Carolina Greensboro

This study investigates US students' awareness of elder issues, and subsequent interest in training to serve older populations, when interacting with seniors during an international service learning public health course conducted in peri urban Zambia, in July 2011. As the world population ages, the need for human service professionals with "gerocompetency" is becoming acute. However, students often display little interest in training to serve seniors. Moreover, the field of Public Health Education does not typically offer specialization in elder issues. We examine whether exposure to seniors in a community through service learning increases awareness and interest in serving seniors. Service learning pedagogy shapes awareness and attitudes by requiring student interaction with the population, enhancing connections between academic material and real life applications, and regular reflection. Students were exposed to locally relevant issues including HIV/AIDS, family resource constraints, and challenges of health care delivery in lower-resource settings. Before the class, students were briefly sensitized to aging issues by a 16-item true/false quiz. During the class, students observed and reflected on aspects of health service provision. After the class, students were interviewed about their attitudes on aging issues and training to serve seniors. We present lessons learned from this pedagogical approach.

31. The Gerotranscendence of Miss Mary: Her End of Life Journals

Jan Vinita White, PhD, Capella University & White Professional Consulting, LLC

On January 1, 2002 at the age of 75 Miss Mary started keeping a daily journal and continued writing daily until her death from cancer in April of 2009. Born in 1926 to tobacco farmers in rural Sumner County, Tennessee, Miss Mary was one of fifteen children. Living in poverty on a rural tobacco farm, Miss Mary ran away and married a man ten years her senior at the age of fifteen: That abusive relationship lasted 53 years. In keeping with the continuity theory of aging, Miss Mary maintained lifelong productive roles, social engagement, and healthy mental outlook despite health declines and a second abusive relationship with a married man. Open coding and a categorical clustering reveal fortitude and resilience as primary themes. Other themes include love, sexuality, heartbreak, health setbacks, fears, family relationships, religious faith, socializing, and caregiving. This presentation contributes to the understanding of Southern folk culture through Miss Mary's cultural documentation of rural folkways and mores. Her final chapters establish a personal account of gerotranscendence: Confronting death with her final bout of cancer, Miss Mary's shift in meta-perspective, maturity, and wisdom provide a personal account of gerotranscendence as described by Erikson as the final stage of human development.

32. Developing a Culturally Sensitive Model for Gerontological Education with Minorities

Rosalie Otters, PhD, MSW, Carolyn Turturro, PhD, University of Arkansas Little Rock

Baby boomers are now turning 65 in large numbers but there are not enough gerontology professionals either at present nor expected in coming years. In addition, while the baby boomer population is largely white and European, they are increasingly served by other racial/ethnic groups. Gerontology educators must recognize and develop better ways of recruiting and teaching the workforce for this expanding service need. Minorities, both as paraprofessionals and professionals are already overrepresented in many areas of the aging field. Yet there is often little understanding of either possible cultural and demographic barriers between the older adult and the service provider nor the possible unique strengths the minority service provider may bring to the care of older adults. A Counsel on Social Work Education grant (BEL) has been developed to expose undergraduate African American and white/European students to older adults through a half-day home visiting program at a local medical school clinic. Results indicate that African American students bring to the home-visit experience some unique strengths. There is a need to include in gerontological education both racial/ethnic experiences and differences, as possible strengths as well as obstacles in creating a model for gerontology education.

33. Multiculturalism: Increasing Sensitivity at End-of-Life and Death

Jian Jiang, BS, J. I. Wassel, PhD, University of North Carolina Greensboro

As American has become increasingly diverse, multiculturalism encourages the appreciation, acceptance, and communication between different ethnic and religious groups. Ethnicity and religion continue to be important influences on life and death

customs. But ethnic and religious diversity has created some challenges for those unfamiliar with other religions. Some religions specify the appropriate handling of the body after death and care-providers may not be familiar with important customs. While surveys have repeatedly shown that most individuals wish to die at home, only 20 to 30 percent do so resulting in most deaths occurring in institutional settings. Institutional settings, such as hospitals, nursing homes, and even hospice, may not be aware of unfamiliar religions' end-of-life or at death rituals. Cultural and communication barriers may keep family members from informing care-providers of end-of-life and after death customs. As increasing religions represented in America has become increasingly diverse, it has become difficult for institutions to provide time for sensitivity training of staff, especially on culture and religions. This paper discusses religions, familiar and novel to American culture, and the corresponding end-of-life and death rituals. The goal of this research is to provide accessible and understandable information on end-of-life and after death customs.

34. The Ghanaian Aging Experience: Comparing and Contrasting Aging in Place and Migrating to the U.S.

Stephanie Nmashie, Candace Ashton, PhD, CTRS/LRT, University of North Carolina Wilmington

There is little research comparing the aging experiences of non-western older adults who age in their home countries and those who migrate to western societies. What, if any, issues do those who migrate experience in regard to aging and how do they negotiate those issues? Are their issues different from those who age in their home countries? Thus, a qualitative study was conducted using semi-structured, in-depth interviews with Ghanaian older adults living in NC and Ghana, West Africa. The primary researcher is of Ghanaian decent and interested in looking at ethnicity and aging issues and answering the above questions, thus Ghana was chosen for this study. The research findings indicate the older Ghanaians in this study, regardless of residence, did not utilize community resources targeted toward older adults, were optimistic and realistic about their aging and their future, and relied solely on family for physical, financial and emotional support. Some differences between aging in Ghana and aging in the U.S. relate to health (e.g., health related behaviors, health care resources). This study shows the need and importance of cultural competency in health care providers and gerontologists, and draws attention to the issues of older adults migrating to non-western societies.

35. Arkansas AgrAbility Project: Endless Gardening

LaVona Traywick, PhD, Jessica Vincent, BS, Camme Fell, BS, University of Arkansas Division of Agriculture

Endless Gardening is an educational program developed by the Arkansas AgrAbility program that addresses four key areas: arthritis, lower back pain, raised garden beds, and hand protection. Senior adults suffering from arthritis or lower back injuries do not have to give up gardening. The educational material addresses tips, tools, and techniques such as joint protection and proper posture when sitting, standing, or lifting that allow seniors to optimize their gardening experience. Raised garden beds not only reduce the need to bend and stoop thereby helping to provide pain-free gardening, they can also be made wheelchair accessible. The options are almost endless so the design can fit the individuals' needs and landscapes. One aspect of gardening safety is protecting one's hands, which includes finding the best type of glove to wear depending on the gardening needs. The Endless Gardening program also covers stretching exercises before, during, and after gardening to help reduce stiffness, tightness, and increase productivity. This workshop will include hands on gardening activities with adapted tools. The participants will learn where to acquire and how to use the educational materials presented in order to educate senior adults, caregivers, and educators on assistive technology and ergonomic gardening practices.

36. Who's Entitled to What? Social Security-Medicare-Medicaid

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

Who's entitled to what? What are entitlements? How do they work? Who pays and who plays? What entitlements are being discussed in Congress and why? This workshop will discuss the politics that surround entitlement "reform," followed by how each program works, who they serve and the relevance in our society. Social Security, Medicare and Medicaid, are these entitlements we can count on or count out? Laura will offer a perspective from Washington DC with humor and insight.

Saturday, April 21

37. Activity Engagement for Persons Diagnosed with Dementia

Ellen Phipps, CTRS, Alzheimer's Association & Virginia Commonwealth University

Activity engagement has been shown to be an important indicator of quality of life for persons diagnosed with dementia living in long term care. However, many residents are found to be inactive for much of the day, which can lead to boredom, agitation and other significant problems negatively affecting quality of life. This workshop explores the many factors that influence how opportunity for engagement is offered across the country within the framework of Brofenbrenner's Theory of Ecological Development, and highlights not only the multitude of influences, but also, the variability in approach to care. The workshop proposes the "Connections" model, award-winning program for use by practitioners in assessing and implementing meaningful one-on-one activities to engage residents at home - wherever home may be.

38. Self-Efficacy and Empowerment among Older Rural African Americans with Type 2 Diabetes Mellitus (DM)

Ishan Canty Williams, PhD, Sharon Utz, PhD, RN, Kathryn Reid, PhD, RN, Guofen Yan, PhD, Ivora Hinton, PhD, University of Virginia

Older African Americans are disproportionately affected by DM, and long-term complication rates are higher among ethnic minorities compared to non-Hispanic whites. Problem-solving skill development is essential for daily decision-making to enhance glycemic control, prevent complications, and maintain balance between managing the disease and a good quality of life. Extensive research about approaches to diabetes self-management education (DSME) shows that adults benefit from an empowerment-based approach that equips them with knowledge, problem-solving skills and confidence regarding diabetes self-management. This research team examined diabetes-related self-efficacy, using the Diabetes Empowerment Scale-Short Form, in a sample of twenty-five African Americans who have DM and reside in a rural community. Participants completed an eight-week culturally-tailored DSME program that incorporated story-telling to promote effective daily problem-solving. The average age of participants was 62 years, and the average baseline HgA1c equaled 7.97. Follow-up data collected at three, six, and twelve months post-intervention consistently showed improved self-efficacy scores (+.250, +.290, +.203). Additionally, reductions in HgA1c and increases in diabetes self-management knowledge were noted, although the small sample limits statistical power. Results indicate that rural African Americans participating in a culturally tailored DSME intervention can gain confidence about active daily problem-solving necessary to effectively manage DM.

39. "I do not want headaches": Sexual Inactivity among Older Women Living with HIV/AIDS in Lome, Togo (West Africa)

Ami Moore, PhD, University of North Texas

Purpose: Most studies on people living with HIV/AIDS (PLWHA) are on younger populations. However, with increase in antiretroviral drugs, more and more PLWHA have regained good health and resumed sexual activities. This study investigates reasons why some older women living with HIV/AIDS in Lome, Togo have become sexually inactive. Methods: Semi-structured in-depth interviews were conducted on a sub-sample of fifteen older women from a larger sample of 49 older people living with HIV/AIDS in Lome. Inductive content approach was used to generate categories that reflect the emic understandings of the constitutive structures that explain sexual lives of participants. Findings: Nine major themes emerged from the analysis: avoiding headaches/troubles from men, focus on raising children/grandchildren, loss of sexual interest, older age, childbearing completed, begin having grandchildren, fear of new infections, not knowing how to disclose serostatus, and fear of being in intimate relationship. Findings are discussed in light of culture, living with HIV/AIDS, and aging in Togolese context.

40. Media Images of Aging: The New Ageism and Self-Esteem

Ed Rosenberg, PhD, Carl Marquardt, James R. Peacock, PhD, Nicholas Vollmer, Appalachian State University

There are cross-sectional, cross-cultural, and historical studies of media images of aging. As the large Baby Boom generation, with much current and anticipated disposable income, begins to turn 65, it remains a prime demographic target for advertisers

and marketers (and the makers of the goods and services they promote). To attract Boomer dollars, images of aging and elders are being "younged down", representing for most Boomers an unattainable ideal of active, "youthful" aging. This paper documents those trends and compares them to the manipulation of media images of other target populations, such as women. Just as the "liberated" and idealized "SuperMom" led to stress and identity issues for many women, the idealized "active ager" could lead to similar concerns for older persons. While we know much about the impact of idealized feminine/feminist images on women, we know little about the impact of idealized, arguably ageist images on older persons. Preliminary results from a focus group of older persons will be presented, with recommendations for continued research and a discussion of the contested image of active aging.

41. Sexuality and Aging: Sex vs. love?

Ruth G. Garrett, PhD, MPH, Med, Consultant, Vanderbilt & Meharry Medical Colleges

Many people view sex and the elderly in one of three ways: It does not exist, it is funny, it is deviant. Sex is a primary human drive; love is a universal human emotion that may be experienced throughout the life cycle. Myths feed the misinformation that surrounds late life sexuality. Myths are created to explain what we don't understand. Because of the importance of sexuality in people's lives, professionals need to understand the normal physiological changes that may affect sexual function and the continuity of intimacy across the life span. Sexuality is the adult's defined need for human intimacy, touch, connectedness, pleasure and a positive self-image. This need does not diminish with age.

42. Humor with Aging: From Whys to Wisdom

Edward Ansello, PhD, Virginia Commonwealth University

Humor is an expression of socially accepted values. If this were not so, when someone told a joke or showed a cartoon, nobody would "get it." The content of the humor may be transitory, as when a political cartoonist comments on some contemporary foible. With jokes or cartoons on aging or older people, however, there may be a deeper vein of accepted values being tapped. We can expect to see some fundamental and, for the time, relatively enduring values at play. The body of humor with aging is substantial, including jokes, songs, visuals, cartoons, anecdotes, folk stories, epitaphs, and more. While there are many approaches to this large number, this presentation considers humor in four ways: its source (who is telling the story), impact (positive or negative), period of aging at play, and content. The latter, our principal focus, assesses six types of content of the humor: emotional, mental, sexual, loss, wisdom, and male-female longtime relationships. Humor assessed includes jokes, advertisements, poetry, one-liners, epitaphs, wise sayings and aphorisms. Humor is discussed not only as a fun and frivolous exercise but as a reflection of social values, with implications for the gerontological community.

43. Have You Heard? Older Adults Are at Risk for Foodborne Illness

Sandria Godwin, PhD, RD, Tennessee State University, Sheryl Cates, BA, RTI International, Leslie Speller-Henderson, Tennessee State University, Carole Harrah-Siple, BS, Harrah & Associates

Adults aged 60 years and older are more likely than younger adults to experience complications, hospitalization, and death because of foodborne infections. Previous research with older adults identified health care provides as a trusted source of information on foodborne illness prevention. This workshop will provide the latest information on foodborne illness prevention for older adults; discuss strategies for partnering with nurses and other health care providers to educate older adults and their caregivers on recommended food safety practices, and provide educational materials to take home. The following topics will be addressed in an interactive, entertaining format, making use of role playing and audience participation: why older adults are at increased risk for foodborne illness, foods that older adults should avoid eating, recommended storage practices for perishable foods, use of appliance and food thermometers, personal and kitchen hygiene, practices to prevent cross-contamination, cooking food safely, and what to do if you suspect an older adult has foodborne illness.

44. Mental Health Effects of Farmwork for Farmers and Farm Couples over Age 50

Pamela Teaster, PhD, Deborah Reed, PhD, Mary Kay Rayens, PhD, University of Kentucky

This poster highlights mental aspects of farmwork among farmers 50+ discovered from a NIOSH funded

study. The study was conducted from 2002-2006 with 1,423 farmers, primarily married couples, in Kentucky and South Carolina. Focus groups (19) included 127 participant survey completers illuminating dimensions not conducive to survey methods. The mean age was 65, 51% male, and 78% White. Forty per cent defined health as "the ability to work." Injury rate for males: 14.4/100 farmers; women: 4.4. Using the 20-item CES-D, 12% scored above the cut-off (>16) for possible depression. White males scored significantly less than White females or Blacks of either gender. The 12 items John Henry Self-efficacy score was higher for Black males than for Black females or Whites of either gender and was high for the overall group (40.8, SD=4.6; possible range 12-60). Scores were significantly higher in the oldest two age groups. Focus groups confirmed positive influences of farmwork on mental health with frank agreement that depression would occur if older farmers could not contribute to farmwork. Despite a higher older farmer injury fatality rate than that for younger farmers, it is important to consider psychological benefits of farmwork for aging farmers.

45. Nurses' Notification of Increased Risk of Delirium Improves Physicians' Investigation and Treatment

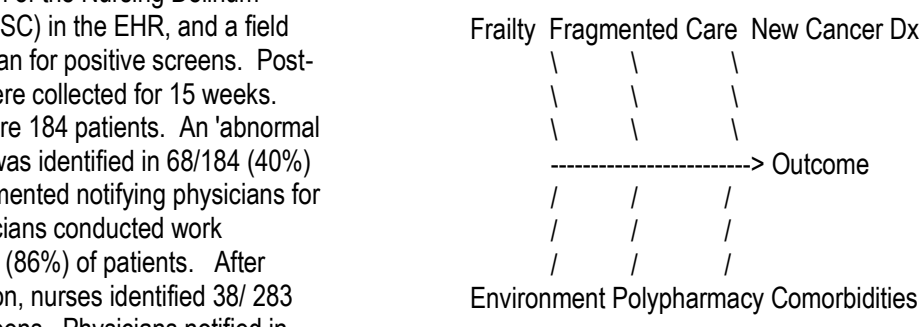
Laurence Solberg, MD, Vanderbilt University School of Medicine

Background: Delirium among hospitalized older adults is frequent. Resident physicians responses to nurses' notification of 'abnormal mental status'/delirium is unknown. Objectives: Determine whether a structured, standardized nursing assessment for risk of delirium facilitates communication to resident physicians affecting work up/treatment. Methods: Baseline data collected for 15 weeks on patients 65 years and older on medical unit for 'abnormal neurocognitive' nurse documentation. Education sessions for nurses, residents, ongoing nurse reviews, implementation of the Nursing Delirium Screening scale (NuDESC) in the EHR, and a field indicating notify physician for positive screens. Post-implementation data were collected for 15 weeks. Results: At baseline were 184 patients. An 'abnormal neurocognitive' status was identified in 68/184 (40%) patients. Nurses documented notifying physicians for 21/68 (31%) and physicians conducted work ups/treatment for 18/21 (86%) of patients. After NuDESC implementation, nurses identified 38/ 283 (13%) with positive screens. Physicians notified in 26/38 (68%) of these cases, conducting work up and/or treatment 25/26 (96%). Conclusion: Standardized approach to nurses' assessment specifically for risk of delirium resulted in more efforts by physicians to conduct work up/treatment. Notification of positive nurses' delirium assessment increases investigation/treatment by physicians. Using a delirium specific tool and notification system may enhance nursing confidence and drive more work-ups.

46. Practice Improvement and Process of Care – Navigating the Acute Care Geriatric Admission: Utility of an Acute Care for Elderly (ACE) Unit

Ryan Kalinsky, MD, James Powers, MD, Vanderbilt University

Report of a case: An 86 y/o woman living alone was admitted to the ACE unit after a mechanical fall and subsequent pelvic fracture. Medical problems included osteoporosis, chronic renal insufficiency, atrial fibrillation and newly-diagnosed lung cancer. Initial confusion over the goals of care in the Oncology Clinic delayed recognition of an intra-pelvic bleed, acute renal failure, and new bony metastasis. Acute issues were stabilized with input from the geriatric interdisciplinary team, consulting specialty physicians, and the nursing staff. A family conference including the patient's son clarified the goals of care including addressing polypharmacy, ADL requirements, housing needs, and palliative care. An ACE Unit provides an environment of care oriented to stabilizing and assessing complex patients at risk for inappropriate treatment and iatrogenic complications. An interdisciplinary team provides a strategy to examine the process of care and identify important factors contributing to adverse outcomes (fishbone diagram). Once identified, contributing factors and conditions can be addressed in concert with informed patient and family goals of care.



47. Recommendations for Individuals with Varying Degrees of Dementia: Making the Most of Health and Fitness

Olivia Brown, Jennifer O'Donoghue, PhD, Lindsay Toth, J. Steven Fulks, PhD, Barton College

The benefits of exercise are well documented - both from a physical as well as psychological viewpoint. The collaborative blending of principles related to gerontology and exercise science generate recommendations to maintain general health, minimize health complications, and potentially slow the progression of dementia for individuals afflicted with the condition. Recommendations for physical activity should vary based on the individual's stage of dementia. Considerations such as safety and ability, level of cognitive functioning, range of motion, vestibular sense, and loss of strength should be accounted for by the individual that designs and implements the conditioning protocol. Functional exercise should be implemented to promote as much independence as possible, while allowing individuals the ability to perform functions related to activities of daily life (ADL's). This presentation proposes guidelines related to the development of health and wellness protocol considerations associated with the various stages of dementia.

48. Risk of Epilepsy and Seizures in Seniors with Vascular Risk Factors and Depression

Pradumna Singh, MD, Amir M. Arain, MD, Yanna Song, MS, Van Cain, MA, Zahid Samad, MD, MPH, Baqar Husaini, PhD, Meharry Medical College

BACKGROUND: Seizures increase with increasing age. Risk associations have not been carefully examined in the geriatric population.
Aim: Conduct a longitudinal study of a large Medicare database to examine the prevalence of epilepsy, associated vascular factors and depression among five elderly cohorts. DESIGN: Tennessee Medicare data (ICD-9) for epileptic seizures from 1996 to 2002 among Medicare recipients (N=624,749) comprising of five age cohorts (G1age 65 to 69, N=190,585; G2age 70 to 74, N=170,548; G3- age 75 to 79, N=122,614; G4- age 80 to 84, N=80,494; and G5- age 85+, N=60,556) was tracked. Seniors who had epileptic seizures in 1996 and those who died during 1996-2002 were excluded. Using each vascular risk and depression that existed in 1996, a logistic regression path model was conducted for each group in predicting seizures during 1997-2002. Analysis included age, race, gender, stroke, hypertension, heart disease, diabetes, hyperlipidemia and depression. RESULTS: (1) Seizures increased with increasing age. (2) Predictors of Epilepsy in all age cohorts included stroke, diabetes, myocardial infarction, hypercholesterolemia and depression. CONCLUSIONS: Vascular risk factors and depression are causally related seizures in the elderly. Hence, their aggressive management may help reduce the incidence of epilepsy/seizure in this group.

49. Walking a Mile in Their Shoes: An Ethnographic Exploration of Life in a Nursing Home

Crystal Bastress, Kelly Niles-Yokum, PhD, York College of PA

How can a 21 year-old undergraduate student possibly understand what it's like to live in a nursing home, require daily care and be cut off from all the things that are deemed "normal" for those of us who live independently? Sometimes you have to live it. In the summer of 2011 an undergraduate student entered a skilled care facility where she would spend three days trying to gain an understanding of what it might be like to be an older resident and call a facility home. Modeled after the Learning by Living project, developed by Dr. Marilyn Gugliucci for graduate students (Gugliucci, 2005) this pilot project was an opportunity to test the project with undergraduate students and to provide a setting whereby the student could attempt to develop a deeper understanding of lived experience of life in a nursing home. This session will provide information about the experience from a variety of perspectives including student, faculty and site. We will address the main points of self-discovery, include data from field notes including quotes from residents, and provide recommendations for moving forward with continued research. Finally, we will address the opportunities and challenges of this collaborative project.

50. Age Differences in Coping Strategies Among Women in Later Adulthood

HeeSoon Lee, PhD, Mamta Ojha, PhD, Bowling Green State University

Based on Folkman and Lazarus's stress theory, this research examined the relationship between coping

strategies and aging. A total of 373 community-dwelling female older adults over the age of 65 living in Columbia, South Carolina and Augusta, Georgia completed questionnaires, which included the Brief COPE scale via face-to face interviews. Participants were grouped according to their age: young-old (aged 65~74), old-old (aged 75~84), and oldest-old (aged 85 and over). The results of one-way ANOVA showed there were significant differences in using active coping ($p>.05$), humor ($p<.05$) and planning ($p<.001$) and mild differences in positive reframing among the three age groups. The Post-Hoc test revealed that the oldest-old group employed less active coping, planning, humor, and positive reframing than did the young-old group, while the old-old group used less planning and humor than did the young-old group. The results demonstrate that older women have a tendency to employ less adaptive copings as they age, predicting their coping strategies across the later lifespan. The results also suggest that educators, researchers and practitioners working with female older adults should recognize and seek to prevent the deterioration of their coping strategies.

51. An Examination of Body Image and Disordered Eating among Older Males

Amber Meadows, BA, Georgia State University

To date, research of body image and disordered eating has largely focused upon adolescents, young adults, and women. Limited information exists regarding older males, leaving us wondering: how do older males perceive their bodies and how might these perceptions be related to the occurrence of disordered eating in men? This quantitative study examined body image and disordered eating in relation to older males. Using a series of questionnaires and demographic questions, two research questions were explored: a) What are the characteristics of older males in terms of eating and body image? and b) Are disordered eating behaviors among older males brought on by dissatisfaction with body image as it relates to physical appearance or physical functioning? Older malesâ€™ perception of their current body figure was shown to be significantly larger than their ideal body figure in preliminary analyses. It also appears that the experience of body image can influence disordered eating attitudes and behaviors among older males. Additional analyses will help to expand on these findings and issues - which illustrate that older males deserve more attention in this arena.

52. Intergenerational Learning through Early Children's Literature

Sandra McGuire, MPH, MSN, EdD, Lincoln Memorial University, Diane Klein, MPH, PhD, Tennessee Wesleyan College

Contemporary American society has become relatively age segregated with limited interactions between children and older adults. Efforts need to continue to address ways to promote intergenerational learning. A novel approach to intergenerational learning is the use of early children's literature. Through this literature children can have an intergenerational experience and learn more about age and aging.

Many of today's children will live to be 80, 90, or 100 years old. Intergenerational learning can help prepare children for the long life ahead of them. Over 25 years ago Dr. Sandra McGuire started a booklist: Growing Up and Growing Older: Books for Young Readers. This booklist has been published on in Childhood Education, is updated regularly, and is available through Lincoln Memorial University in Harrogate, Tennessee. The books on this booklist have positive portrayals of older adults. Examples of how to use this literature as an intergenerational learning experience, selected books from the booklist, and suggestions for additional literature based topics for children will be presented. Information on the Association for Gerontology in Higher Education (AGHE) Children's Book Award will be presented and AGHE Book Award winners noted.

53. Multi-Racial Older Couples: An Examination of Societal Responses

Meredith Thompson, Brittany Watson, Barton College

While societal acceptance of multi-racial couples and their offspring is common today, only a few generations ago such couples were uncommon and faced significant challenges on both the micro and macro levels. That the President of the United States, or one of the world's premiere golfers would be so accepted would not have been possible. This presentation offers an examination of challenges faced by these individuals and how they were addressed by representatives of our older population. Drawing upon case studies of Japanese-American and Caucasian-African American older individuals, specific examples from life experiences and the coping techniques utilized are presented.

54. Social and Emotional Implications for Non-Parental Relative Caregivers Raising Underage Children

Thelma Sanders-Hunter, EdD, Tennessee State University

The knowledge and responsibility of relative/kinship care has become more widespread within the past two decades. According to the US Census, 2.5 million grandparents provided care for grandchildren; and 6.6 million children lived with a grandparent in 2007. Many problems are associated with non-parent relative caregivers of dependent children. Some factors to consider are older adults that are driven out of retirement or have a need to accept additional employment to supplement their income to support the unexpected and unplanned needs of caring for young children. This presentation is designed to examine the social and emotional implications that older relative caregivers undergo in their efforts to provide emotional, physical, and financial support to their underage family members.

55. Grandchild Reports of Their Relationship with Grandparents: Relationship to Attitudes toward Aging, Attachment, and Filial Piety

Michael Gallagher, Keith Dooley, PhD, Murray State University

The purpose of this research was to examine how family history, grandparent role, and quality of the grandparent-grandchild relationship individually or jointly influence attitudes toward aging. Students aged 18-50 (n=188) were surveyed regarding demographics, family structure, relationship with grandparent(s), attitudes, and filial piety beliefs. Age and SES were not related to key outcomes. Grandparent health, activity level, communication style, and caregiving role predicted stronger grandparent-grandchild bonds. Grandparent level of involvement during childhood and adolescence predicted higher relationship quality, more positive attitudes toward aging, and more secure attachment bonds with grandchildren. Stronger filial piety beliefs were related to grandparent health, relationship quality, attitudes toward aging, and more secure attachment with grandparents. Findings could be useful to researchers and practitioners interested in how young people's attitudes toward older adults are shaped by early life experiences, particularly the nature of their relationships with their grandparents.

56. Preparing People with Dementia and Their Caregivers for Hurricanes in Florida

Janelle J. Christensen, MA, MPH, ABD, University of South Florida

Alzheimer's Community Care (ACC) has been serving community dwelling caregivers on the Treasure Coast of Florida for over a decade. Since people in the different stages of dementia have unique disaster planning needs, part of ACC's model of care is to assist caregivers in preparing for hurricanes. This research uses qualitative and quantitative methods to explore, document and evaluate ACC's caregiver disaster preparedness methodology. This model can be used in other community based long-term care services in hurricane prone areas.

57. Training Nursing Aides to Communicate Choices to Nursing Home Residents: An Innovative Model

Linda Beuscher, PhD, Dan Durkin, PhD, VUMC Center of Quality Aging

Resident choice is a fundamental value of resident-directed care and nursing aides (NA) are expected to provide choices to residents. The purpose of this study was to pilot test an innovative training model to teach nursing home (NH) staff how to offer choice to residents during morning care. Research staff conducted twelve consecutive weekly training sessions with NAs in 2 NHs. During each 10-minute weekly session, research staff used video vignettes and didactic discussions and provided feedback based on weekly observations of care for training purposes. Overall, an average of 79% of scheduled staff attended each weekly session. Staff evaluations indicated that 90% of the NAs who participated in training reported that the training was valuable. Brief training sessions were preferred to fewer longer sessions by 76.9% of the NA respondents. Brief weekly training sessions were feasible to implement and valued by nurse aide staff. The recurrent sessions combined education (video vignettes and didactic discussion) and management (feedback based on observations of care) activities. This approach of on-going staff training compensates for problems often experienced with traditional (30-60) minute training sessions, such as high staff turnover rates, frequent absenteeism, and minimal time due to competing work demands.

58. Innovative Care Delivery: Bringing Remote Support to a Residential Care Facility for the Elderly

Anita Savell, MSN, University of South Alabama

Problem: Residential care facilities (RCF) serve a swelling population of frail and elderly clients who need timely access to health care providers. Methods: An innovative project brought remote medical support to a 34 bed RCF for the elderly. Access to external health care providers was enabled using alternative communication pathways. Data were collected on each communication event. Satisfaction and qualitative data were collected from RCF staff and providers. Findings: Over 18 weeks, five communication events and two ambulance transports occurred. The estimated cost to implement and continue the service for a year was $5000. Reasons for remote support included resident pain, coughing, vomiting, joint swelling, and rash. Satisfaction was high among RCF staff and providers. Quality improvement was advanced in the Institute of Medicine domains of Efficiency, Timeliness, Patient-Centeredness, and Safety. Conclusion: RCF staff demonstrated the capacity to use the alternative communication pathways consistent with RCF policy and training. Remote support to an RCF is feasible. Moreover, the project cost could be less than the cost of one unnecessary ambulance transport and emergency department visit. Further investigation is needed to fully explore potential cost savings and the impact of timely access on resident outcomes.

59. The Effect of Transition into Spousal Bereavement on Mental Health of Middle and Older Adults

YouSun Baek, MA, HeyJung Jun, PhD, Yonsei University

The purpose of this study is to analyze the effect of spousal bereavement on mental health of middle and older adults and test the moderating effect of family and social resources. This study used data from the first and second waves of Korean Longitudinal Study of Ageing. Those who reported transition to spousal bereavement at T2 were chosen as the analytic sample (N=124). Multiple regression analysis was performed in a condition where demographic factors were controlled, along with mental health (life satisfaction, depression) scores at T1. First, men and women who transitioned to spousal bereavement reported increases in depression, whereas the level of life satisfaction decreased only in women. Second, women who had more frequent interactions with children for whom they experienced spousal loss reported less depression than those who reported less frequent interactions with children following their partner's death. Besides, higher quality relationship with children contributed to less depression of men, while women who had higher quality relationship with children reported decreases in life satisfaction and increases in depression. More frequent interactions with neighborhood and friends led to more decline in life satisfaction of men. Participation in social gatherings showed no moderating effect.

60. Exploring Factors Associated with Family Caregivers Who Complete Caregiver Training Programs

Janet Witucki Brown, PhD, RN, CNE, Kathleen Thompson, PhD, RN, University of Tennessee, Knoxville

Many family caregivers fail to complete multi-session family caregiver training (FCT) programs. This study explored demographic factors associated with FCT completion by comparing family caregivers who completed a four week training program to those who did not. We compared demographic characteristics of completers (n=36) and non-completers (n=22) including age, gender, marital status, race, and education as well as caregiver characteristics of occupation; employment; health conditions; relationship to recipient; length and amount of time caregiving; number of care recipients; and support from others; and care recipient characteristics of: dementia; level of cognitive impairment; ability to be left alone; health conditions and need for assistance with ADLs or IADLs. Comparisons between groups were tested using chi square and t-tests. There were no significant differences between the two groups on the measured demographic or characteristic variables. Study results were not consistent with literature identifying caregiver burden (health conditions, employment) or care recipient characteristics (cognitive impairment, degree of care needed) as barriers affecting ability to attend or complete a FTC program. Additional research is needed to determine if other factors involved may be more predictive of completion rates than those previously published.

61. Elderly Spousal Caregivers of Persons with Dementia

Barbara L. Nunley, PhD, RN, GCNS-BC, WVU School of Nursing

The purpose of this cross-sectional study was to examine the effects of behavioral problems and hardiness on the psychological distress of elderly spousal caregivers of partners with Alzheimer's disease and related dementias (ADRD). A volunteer sample of 44 elderly spousal caregivers caring for a partner diagnosed with ADRD who met the inclusion criteria of 60 years of age or older and provided primary care in the home was recruited. Support was found for the hypothesis that hardiness of the caregiver buffers the effect of behavioral problems on caregiver burden and caregiver quality of life. Hardiness modified the deleterious effects of behavioral problems of the care-recipient on their quality of life and their burden of caring for a spouse with ADRD. Hardiness had a main effect on depressive symptoms of elderly spousal caregivers of partners with ADRD. Hardy caregivers experienced fewer depressive symptoms regardless of the level of behavioral problems exhibited by the elderly care-recipient. Findings from this study have clinical implications for advanced practice gerontological nurses and other healthcare professionals who care for these caregivers. Interventions should be aimed at maintaining and promoting psychological well-being, and preventing psychological distress in caregivers of persons with ADRD, especially elderly spouses.

62. Preliminary Regional GIS Study of 10 Years of Alzheimer's Disease Mortality Data

Stephanie Tuttle, Stephen Threlkeld, PhD, University of Mississippi

By using a GIS-based approach to the occurrence of deaths due to Alzheimer's Disease (AD) in 10 years of disease records (CDC) in the southeastern US, we attempted to study the spatial and temporal scale of variation in the occurrence of AD. AD county-specific mortality rates from the states of Mississippi, Alabama, and Tennessee were obtained for the years 1999-2007 from the Centers for Disease Control and Prevention. Other data sets for population, availability of health care, education level, income level, and prominent landscape features (water bodies, road density, industry, soil mineral content) were used to investigate environmental correlates of disease distribution. Additional data sets on temporal and spatial occurrence of other reported diseases were mapped for use in comparative analysis of spatial and temporal scales of disease occurrence. Our findings suggest that there is a high degree of spatial and inter-annual variability within the distribution of AD and that while the spatial pattern appears related to population density (and availability of health care) the temporal variability is possibly related to one or more of the other environmental correlates.

63. Lift Chair Use among Older Adults

Christopher E. Byrd, OTR/L, MPH, Medical Center of Bowling Green, M. Christine Nagy, PhD, Western Kentucky University

The primary role of health care in the lives of older adults is to maintain independent function. Frequently, elderly individuals attempt to mitigate disability by using adaptive equipment such as lift chairs, even though research has not validated their benefit. This project examined how the use of a lift chair affected functional independence and identified factors leading to lift chair use. A survey was administered to a convenience sample of 13 lift chair users and 13 non lift chair users at an assisted living facility in central Kentucky. Questions inquired about Activities of Daily Living, ownership of a lift chair, living situation, and falls within the last six months. Findings showed that recommendations from medical professionals and the inability to stand were the primary reasons that prompted the acquisition of lift chairs. Although lift chair users and non users were not significantly different on the measures, results suggest that the use of a lift chair could have adverse effects on activities of daily living performance. In order to preserve the functional ability of tens of millions of older adults, Medicare will need to focus on adaptive equipment that demonstrates clear benefit to recipients.

64. The Congregational Social Work Education Initiative [CSWEI]: An Innovative Bridge to Community Based Care for Older Adults

Fran Pearson, RN, MSW, LCSW, University of North Carolina Greensboro; Wayne Moore, PhD, North Carolina A & T; Jay Poole, PhD, University of North Carolina Greensboro

Research demonstrates that older adults prefer to access mental health and social services outside of the traditional mental health service delivery system, preferring to utilize their faith home and clergy for their supportive care. Given the complexities and fragmentation of the human services web, as well as

the multiple mental and physical health needs of congregants, clergy are oftentimes ill-equipped to adequately manage these diverse needs. Through its innovative academic-community partnership with two local universities, the largest area healthcare provider, the faith community, and the Congregational Nurse Program, the CSWEI Program places social work students and registered nurses in faith-based institutions implementing a wholisitc model of care encompassing mind, body, and spirit. Placement of social workers and nurses within these community-based faith institutions erodes many of the most frequent barriers to care; stigma, transportation, and cost as all of CSWEI's services are free. This workshop will examine the CSWEI Program model, its program outcomes, and discuss strategies for creating creative community collaborative to bridge gaps in care.

65. The Art of Hurdle Crossing: Sampling Individuals with Alzheimer's Disease

Brandi McCullough, MA, Rebecca G. Adams, PhD, University of North Carolina Greensboro

With the rates of Alzheimer's disease on the rise, it is becoming more important to research the lived experiences of the individuals who have it rather than simply relying on caregiver perspectives. Recognizing the necessity for firsthand accounts of the disease, the authors conducted a study on the these individual's friendships, and in the process discovered just how difficult it was to sample this population. Navigating the local Institutional Review Board to conduct research on a highly vulnerable population was just one of multiple hurdles over which to cross in the present study. Issues surrounding obtaining informed consent with a cognitively impaired population created the need to use a capacity to consent questionnaire to determine research subjects' ability to participate in the study. Gaining access to the population through protective family and professional caregivers was yet another hurdle to cross while sampling this population. Finally, determining the appropriate research methods to employ while sampling this population was another challenge with which to deal, with the authors deciding upon qualitative interviewing as the best way to collect the data. Essentially, the hurdles are worth crossing for a steadfast researcher who is dedicated to having a solid understanding of the experiences of this population.

66. Community-University Partnership: Engaging Schools Serving Rural Custodial Grandparents

Tina Peterson, PhD, Dana Sullivan, PhD, Western Kentucky University

Many older adults in rural settings with school-aged grandchildren serve as custodial grandparents. Despite increased attention on custodial grandparenting, school settings remain underutilized territories for educating about aging issues and intervening with rural custodial grandparents. This study reports on a community-university partnership to explore school officials' perceptions of the unmet needs of custodial grandparents in their individual schools. Faculty from a Department of Social Work administered a web-based survey to teachers, school administrators, and children/youth service center staff from three rural school districts in Kentucky. The needs assessment survey examined basic knowledge of custodial grandparenting and knowledge of the needs of students and grandparents in grandparent-headed households. Research team members will share the development of the community-partnership between the social work faculty and the school systems. Thereafter, the preliminary results of the needs assessment will assist in educating school officials about custodial grandparenting. Ultimately, the community-school partnership aims to inform the design of intervention services that are sensitive to aging related issues for custodial grandparents encountered in rural school settings.

67. Promoting Positive Self Esteem in Older Adults

Denise Scruggs, MS, MA, Lynchburg College, Yvonne Behrens, MEd, Consultant on Aging

Research shows that self esteem declines sharply among older adults. This seriously affects their quality of life. It impacts their decision making, relationships, and expectations. The topics of self esteem and self image were explored extensively in the 70s, but declined over the past 35 years. With baby boomers aging, now is the time to revisit the topic and how aging impacts self esteem. This workshop will help professionals identify low esteem in older adults. We will help professionals understand what self esteem is and is not, including how loss impacts it. We will focus on the signs and symptoms of low self esteem, provide tools and strategies for helping older clients improve their self esteem and recommend ways to promote a high self esteem lifestyle. Through

interactive exercises, discussion, and lecture, the participants in this workshop will become better prepared to address this issue with their clients.

68. Conflicts in Caregiving and Relocation: Three Case Studies from A Practicing Gerontologist

Jan Vinita White, PhD, Capella University & White Professional Consulting, LLC

Caregiving and relocation issues are ongoing dilemmas for families and older adults. While some families have no conflicts in making collective decisions, many do. Often, there is some disagreement among family members concerning the failing health of an older adult. In her practice, White found that relocation issues and caregiving were among the most complex and difficult decisions for her clients. Presenting three case studies from her practice, White illuminates how family hierarchies and toxic relationships illuminate the need for developing conflict resolution strategies related to difficult aging decisions while at the same time maintaining fidelity and ethical standards of the profession. In keeping with the continuity theory of aging, older adults struggle to maintaining their habits, personality, and lifestyle developed in earlier years despite monetary constraints, lack of transportation, chronic conditions, and health declines. At the same time, Sandwich Generation issues associated with burnout, competing demands, and reciprocity create tension, further contributing misunderstanding and resentment. The primary contribution of the workshop challenges our thinking of how family dynamics, autonomy, and health influence family decision-making. It illuminates both psychological and social factors influencing caregiving and relocation decisions, factors associated with successful outcomes, and how genograms and informant reports contribute to accuracy in details.

69. Twenty-Five Years after Rowe and Kahn: Successful Aging Revisited

Leonard Poon, PhD, University of Georgia, Mary Altpeter, PhD, MPA, North Carolina Institute on Aging, Jim Mitchell, PhD, East Carolina University, Luci Bearon, PhD, North Carolina State University (Discussant)

Twenty-five years ago Rowe and Kahn released their book *Successful Aging* presenting a conceptual model and research findings to counteract the persistent notion that aging is inherently a process of decline. Their work directly or indirectly influenced many in the field of gerontology, reinforcing or expanding our vision of the positive possibilities of later life and encouraging us to develop and implement lifestyle and programmatic interventions and to measure positive outcomes. This symposium includes presenters that challenge us to think about our concepts, our goals and our foundational literature on successful and healthy aging. Audience members will be invited to join in the discussion and to participate in a new national project to inspire thoughtful dialogue and new directions in research and practice on successful and healthy aging.

70. Innovative Project Products from an Initiative to Provide Geriatric Workforce Development

Leland Waters, MS, Virginia Commonwealth University

The Geriatric Training and Education (GTE) initiative, administered by the Virginia Center on Aging, provides training for a variety of levels of service providers, including paraprofessionals and nonprofessionals. The goal of the GTE funds is to develop the geriatric workforce in Virginia. While the focus of Geriatric Education Centers™ educational programming is required by federal funding to be exclusively upon professional level training, GTE monies are not so constrained, and may be used, as stated in the initiative, for a variety of levels of service providers, including nurse aides and others who have direct contact providing services to older Virginians. Several funded projects have focused on nontraditional geriatric workforce development. These projects have targeted a wide range of Virginians who impact the aging community, including Alcohol Beverage Control employees, Community Service Board employees, regional senior coalitions, nonprofit leaders and staff, volunteer coordinators and community organizers. This presentation will detail these projects to date, provide project products, and offer a model that can be duplicated.

71. The School of Transformaging at Lipscomb University: An Idea Blooms into Fruition

Charla Long, JD, Lipscomb University, Charlie Anderson, BS, Tennessee Health Management

Two and a half years ago Lipscomb University and Institute of Law, Society and Justice Director, Charla Long, embarked on a journey to assess the needs of the growing industry serving older adults. Using techniques such as asking CEOs of companies to sort through competency adjectives and decide which competencies they wanted their workers to have, to meeting with government, corporate and non-profit executives, it became clear that educational opportunities to increase leadership in aging services was underserved. The School of TransformAging was announced in June 2011 and it has several missions: to creating and showcase innovation; to develop the workforce across generations; to serve as a neutral convener of conversation for those involved in aging services; and to provide non traditional educational opportunities via professional graduate certificate programs and master degree program in aging services leadership. Details about the program and its impact on one corporate entity will be discussed at the workshop.

72. The Neoliberal Political Economy and the End of Retirement Security

Larry Polivka, PhD, Florida State University

This paper will focus on the erosion of retirement security in the private sector over the last 30 years of conservative (neoliberal) politics and economic policy and the likelihood that the public sector (social security and Medicare) sources of economic security in old age will also see major cuts if these same policies are continued for the next 30 years. The paper will include several policy recommendations for preserving the public programs and for at least a partial restoration of private pensions and health benefits and a discussion of the kinds of political strategies needed to get these policies implemented.

73. Removing the Bottleneck: Assessing Strategies to Improve Recruitment and Retention of Nurse Faculty to Meet Future Nursing Workforce Needs

Jennifer Craft Morgan, PhD, North Carolina Institute on Aging

State-level support for service (SFS) programs have been implemented by states to increase the numbers of nurses attracted into faculty positions in schools of nursing (recruitment), to enhance the qualifications and worklife of existing faculty, and to increase the retention of faculty in nursing programs. Most commonly, these are loan repayment, scholarship and loan cancellation/forgiveness programs in which an incentive is provided to a target group (e.g., graduate nursing students or currently active nurse faculty holding previous loans) if they teach in a nursing program within the state offering the support. The purpose of this project is to evaluate states' SFS programs targeted at improving the recruitment and retention of nurse faculty. Data are from a web-based survey of deans/directors of nursing programs (e.g. schools and departments) in eight states that have SFS programs. A 45% response rate was achieved (N=102). Deans/Directors indicate that the top five factors that contribute to nurse faculty vacancies are: 1) inability to pay salaries competitive with clinical practice, 2) lack of academically qualified applicants, 3) insufficient funding for desired salary levels, 4) lack of qualified applicants in clinical specialty areas, and 5) lack of applicants with sufficient previous relevant experience. Most deans/directors indicated that they believe that SFS programs have had some impact in their state in increasing the educational qualifications of current and newly hired faculty, retaining faculty, improving teaching quality, increasing the pool of qualified applicants and increasing the number of students their programs could enroll. State-level SFS programs are perceived by deans/directors to have some impact on retention, capacity and recruitment pools for nurse faculty. Phase two of this study will extend these findings to assess whether this impact is attenuated or strengthened according to programmatic factors (e.g., award amount, eligibility requirements). Investing in state-level SFS programs may be worthwhile, given the perceived impact on recruiting and retaining qualified nurse faculty.

74. Aging Services Can Go Intergenerational

Gordon Walker, MS, CEO, Jefferson Area Board of Aging, Cheryl Cooper, MA, COO, Jefferson Area Board of Aging

JABA is an Area Agency on Aging in Central Virginia. Our mission is to promote, establish and preserve sustainable communities for healthy aging that benefit individuals and families of all ages. We believe aging is a lifespan process, thus we promote the importance of helping children get a good head start on healthy aging. This end is advanced through a wide variety of intergenerational programs. When children spend time in our intergenerational day care programs or are mentored by older volunteers at school, they are exposed to activities that encourage them to use their minds and bodies in mental and physical exercise. They learn good communication skills and the value of listening and interacting in positive ways. The meals and snacks they eat are from local food sources, some of which they have helped grow and harvest themselves. The children recognize the value of spending time with older persons who have talents, experience and wisdom to share--who give of themselves to help younger persons grow older in healthy ways. This workshop will provide insight into how providers of aging related services can go intergenerational and benefit children and older adults simultaneously in their communities.

75. Arkansas Change Club: Invoking Nutrition and Physical Activity Change through a Group of Older Women Currently Involved in an Exercise Program

Candace Carrie, MS, BS, University of Arkansas Division of Agriculture, Miriam Nelson, PhD, Tufts University, LaVona Traywick, PhD, University of Arkansas Division of Agriculture, Eleanor Heidkamp-Young, BA, Tufts University

Arkansas' "Change Club" is a group of fifteen senior adult women, average age 70, who were participants in the Strong Women strength training program offered through the University of Arkansas Cooperative Extension Service in Camden, Arkansas. The concept of Change Clubs is from Miriam Nelson, PhD, of Tufts University whose idea was to convene groups of women who were committed to staying fit, strong and healthy who could motivate others to adopt a healthier lifestyle. These Change Clubs have acted as the catalysts of community-wide environmental changes. In Camden, the Change Club undertook an intergenerational project of working with out-of-school time programs to help them adopt standards to increase healthy food and intentional physical activity. This presentation will discuss the formation of the Change Club, the process of choosing an issue in the County to address, steps for implementation of the intervention, and the outcomes.

76. Learning for Longer Life: Imperatives for Aging Education Curriculum (Track: Intergenerational Programs)

Oluwayemisi Obashoro-John, PhD, University of Lagos, Lagos-Nigeria

As one generation replaces another, stereotypes are passed down from one group to another. Intergenerational issues like aging should not continue in unfavourable directions. The trend of not getting children involved in issues of later life and older persons makes them see the period as one not directly connected to them. As the need for aging education becomes more relevant, it must help the younger generation "become aware of the cultural stereotypes about older adults, provide them with correct information and have an informed discussion of public policy issues that affect our aging population"(Theisen, 2001). Aging education is for the younger generation to appreciate today's older persons and prepare them as tomorrow's older persons for healthy productive lives. This paper reports the findings of a survey of 25 children about aging, old age, and older persons. It also attempts to develop curriculum on learning for longer years for 5-11 year olds in the Nigeria society, with the main purpose of promoting aging and lifespan education.

77. New Directions in National and State Policies Supporting Family Caregivers of Older Adults with Dementia

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

Given the continued growth in the number of family members in the United States providing care to older adults with Alzheimer's disease and other dementias, policies and legislation must respond to their needs on an ongoing basis. This workshop will provide up-to-date information on both national and southern state level policies with potential impact on supports

and services for caregivers of older adults, especially those with dementia. The workshop will begin with updates on national programs and policies such as the Administration on Aging's National Family Caregiver Support Program, the Patient Protection and Affordable Care Act, and the National Alzheimer's Project Act. Next, supports available through the Virginia Caregiver Coalition and Caring for You will be presented as examples of State-level programs influenced by legislation and policy (e.g., the Lifespan Respite Care Act). Finally, workshop participants will have the opportunity to exchange information about how their states are responding to changing caregiver needs through supportive programs and policies or generate recommendations for future advocacy efforts.

78. The Necessity of Touch: Massage and the Elderly

Yolanda Biggs, LMT, White River School of Massage

The sensation of touch actually begins in the womb. The skin, derived from the same cells as the nervous system, is a perfect instrument for collecting information about our surrounding environment long before birth. A fetus will withdraw from the touch of a probe at less than 8 weeks of gestation, showing that the link between touch and survival is one of the first and most important protective mechanisms to develop. As we grow and develop, our need for touch does not diminish. We tend to forget that the simple human touch is one of the most ancient and effective means for relieving discomfort in the body, reducing stress, and inducing a state of relaxation. Massage has been proven useful as a primary or adjunct therapy for any condition that includes a stress component in people of all ages. There are many benefits from massage which includes and not limited to: improvements in bodily functions, pain relief, aid in alleviating depression, increased mobility, help in prevention of skin problems, etc.

79. A Remembrance of Gordon and Ruth Streib

Wiley Mangum, PhD, Ann B. Mangum, W. Edward Folts, PhD, Appalachian State University, Leonard Poon, PhD, University of Georgia

This special session will be a remembrance of two founding members of SGS: Dr. Gordon F. Streib and his wife of 67 years, Ruth B. Streib who died in February 2011. It had originally been scheduled for the 2011 SGS meeting in Raleigh but was cancelled due to bad weather, which caused a power outage in the meeting hotel. The session, which should last about one hour and fifteen minutes will have four presenters who knew the Streibs in various capacities: Wiley P. Mangum, PhD; Ann B. Mangum; W. Edward Folts, PhD; and Leonard Poon, PhD. It will also feature a 15-minute video based in part on biographical interviews of the Streibs in 2005 by Dr. Leonard Poon and Associates at the University of Georgia. This will be supplemented by material prepared for the Streib's memorial service at Oak Hammock, a CCRC in Gainesville, FL where they lived in their last years.

Sunday, April 22

80. Aging and Caring: Things Families Need to Know

Maribeth Farringer, BS, Council on Aging of Greater Nashville, Caroline Chamberlain, MSSW, Council on Aging of Greater Nashville, Rebecca Climer, St. Thomas Health Services

Aging and Caring: Things Families Need to Know is a caregiver resource guide, written by a group of caregivers in Nashville who wanted to share their experiences with caregiving. This resource is designed to give families a starting point for caregiving for loved ones. As the book has been shared with the community in different forums, the speakers have collected tertiary data from the attendees. This data is being analyzed and will be shared at the conference. Collaboration is the cornerstone of success in any endeavor. This workbook is the result of many people's stories and their learning what worked for them as they fulfilled the role of caregiver. Many of the authors were also professionals in their fields, who also were caregivers. Thus there is the practical, hands on information, as well as professional expertise. Sharing the successes and the challenges has proven to be a key component of the practicality of this book. Collaboration with a health care system that has as one of its primary goals to serve older adults in a

variety of ways is also key to improving the lives of the elderly. St. Thomas Health System will share their plan to become the system that puts that into action.

81. Caregivers of People with Alzheimer's Lack Accurate Knowledge of the Disease

Gail Sonnesso, AS, BA, MS, The GEM Center

Problem: Lack of correct and accurate knowledge of the symptoms and treatment of Alzheimer's disease leads to premature long term care placement, caregiver stress and abuse of the PWD.
A small study was conducted to evaluate the current knowledge of dementia among Dare County Residents age 45- 50 years old: n=68; mean 22.5; SD 3.3; range 14-30. Our new service Model treats the care partner and the PWD in the same program. Recognizing the current lack of accurate knowledge among ALZ care partners and their unwillingness to learn new behaviors necessary to provide effective care contribute to Care Partner burnout and patient neglect. The Sup+per club provides a foundation for the PWD and the caregiver. Professional Staff provide an afternoon of proven activities including a music program and supper once a month. We believe that by demonstrating best practices in dementia care to the families will enable them to see its effectiveness and be more open to learning the new methods of care.

82. The Aging of Persons with Bipolar Disorder: Practice Implications

Sarah Buila, PhD, Southern Illinois University Carbondale

Lifetime prevalence for Bipolar Disorder is about 2% of the population. As the population ages, so too will the absolute number of older adults with chronic mental illness such as Bipolar Disorder. This workshop uses a combination of literature review, group discussion and case studies to identify practice implications related to working with aging persons who have Bipolar Disorder.
Issues identified include: problems in managing care between multiple physicians, and coordination of ongoing mental health treatments along with acute and ongoing medical treatments. Sometimes the patient's behavior is interpreted by health practitioners as intentional and deliberate as opposed to simply the manifestation of their mental illness. This interpretation has a direct impact upon the quality of care the patient receives in medical settings. Social support, stigma associated with mental health problems, accessing resources for managing both mental and physical health, family care-giving and caregiver strain are also identified as significant factors influencing outcomes. Intervention strategies for practice with the aging persons with chronic mental illness will be discussed.

83. Predictors of Prison Adjustment Among Older Women

Lori Farney, MA, University of Tennessee

This research examines predictors of prison adjustment among older incarcerated women. Participants were 327 women aged 50 to 78 (M = 56.5) residing in women's prisons in five southern states. Significant indicators include anxiety, depression, death anxiety, fellow inmate support, environmental satisfaction, engagement in prison activities, and self-reported health. The most significant predictor of adjustment was depression, and this variable had a moderating effect on other factors including age, race, education, marital status, and time served. What this suggests is that, in providing for better prison adjustment among older women, prison policy makers may want to start with mental health as a point of analysis. Theoretical foundations as well as implications for policymakers are discussed.

84. Coresident Relationships in Assisted Living: Examining the Influence of Functional Status

Navtej Sandhu, MA, Candace L. Kemp, PhD, Mary M. Ball, Georgia State University, Molly M. Perkins, PhD, Emory University

Social relationships can have considerable influence on physical and mental well-being, especially in later life when individuals are at greater risk of functional decline. A growing number of frail elders manage decline by relocating to assisted living (AL). AL research suggests that other residents are among the most available social contacts and that coresident relationships can affect life satisfaction, quality of life, and well-being. Although functional status influences social relationships, research has yet to provide an in-depth understanding of how cognitive and physical function affects coresident relationships in AL. In this paper, we present an analysis of qualitative data collected over a one-year period through participant observation and formal and informal interviews with

AL residents, administrators, and staff in two diverse settings and ask: 1) How does functional status influence coresident relationships?; and 2) What factors shape its influence? Data suggest that hearing, speech, and cognitive impairment can be relationship barriers. However, more impaired residents' need for help can promote contact and relationships with less impaired residents. Individual (e.g. relationship strategies, attitude) and facility (e.g., staff intervention) factors affect the influence functional status has on relationships. We conclude by discussing strategies for promoting more positive relationships among residents in AL.

85. Interdisciplinary Cases to Facilitate Training for Geriatric Teams

Susan DeRiemer, PhD, Meharry Medical College

Interdisciplinary geriatric teams have been shown to improve outcomes for patients with complex problems. A challenge is how to provide professional students with opportunities to develop skills in working within such teams. The Meharry-Vanderbilt Alliance has begun an annual interdisciplinary clinical case competition that involves medical, dental, public health, pharmacy, social work, nursing, and law students together. A geriatric case was developed and used in the 2011 competition. Students from four different institutions worked in teams of 8 members over an approximately 4 week period to develop problem lists and treatment plans. This case has been modified to be used with a broader population of trainees in a shorter time period. The workshop goals are: 1) To introduce clinical cases as a tool to develop interdisciplinary team skills using the Meharry-Vanderbilt Alliance experience as an example, 2) To give participants the chance to participate in interdisciplinary teams to solve an abridge version of a geriatric case; and 3) To discuss application of this method in their own institutions.

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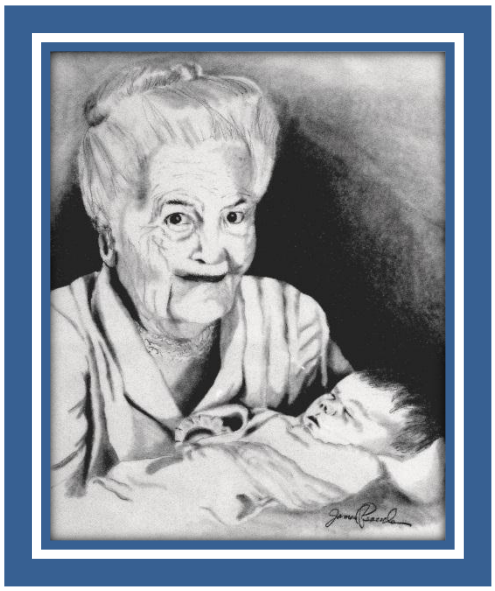
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