Transitions



34th Annual Meeting

Southern Gerontological Society

April 4 - 7,2013

Hilton Charlotte University Place
8629 JM Keynes Drive
Charlotte, NC 28262
Hotel Phone: 704.547.7444 Hotel Fax: 1-704-549-9708

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Contents

Schedule at a Glance 2

Sponsors, Exhibitors, Advertisers 3

Charlotte, North Carolina 4

Welcome from the SGS President 5

Welcome from the Program Chairs 6

2012 – 2013 SGS Leadership 7

SGS Past Presidents 8

Conference Highlights 9

Session Formats 11

Full Schedule 12

Student Poster Sessions 12

Concurrent Session I 14

Poster Session II 15

Concurrent Session II 16

Concurrent Session III 17

Concurrent Session IV 18

Concurrent Session V 19

Concurrent Session VI 20

Closing Session 21

Gerontologists Rooted in the South (GRITS) Closing Brunch 21

Closing SGS Board of Directors Meeting 21

2013 SGS Abstracts 22

Index of Lead Presenters 61

Schedule at a Glance

Thursday, April 4th

Time	Session/Event	Room
11:00am – 7:00pm	Registration Open	Midway Room
11:00am – 6:00pm	Exhibit Booth Setup	University Ballroom Foyer
2:00pm – 6:00pm	Silent Auction Intake	Walden Room
4:00pm – 6:00pm	Opening SGS Board of Directors Meeting	University E
6:00pm – 7:00pm	**President's Opening Session**	University D
7:00pm – 9:00pm	**President's Opening Reception & Student Poster Presentations**	University Ballroom A & B

Friday, April 5th

Time	Session/Event	Room
7:30am – 8:30am	Continental Breakfast	University Ballroom Foyer
8:00am – 4:00pm	Registration Open	Midway Room
8:00am – 4:00pm	Exhibits Open	University Ballroom Foyer
8:00am – 4:00pm	Silent Auction Open	Walden Room
8:30am – 10:00am	**Concurrent Session I**	Various (see full schedule)
10:00am – 11:00am	**Poster Session II**	University Ballroom A
11:00am – 12:30pm	**Concurrent Session II**	Various (see full schedule)
12:30pm – 2:00pm	SGS Networking/SGS Committees	
	(Lunch on your own)	
2:00pm – 3:30pm	**Concurrent Session III**	Various (see full schedule)
4:00pm – 5:30pm	**Student Mentoring Moments**	University E
7:00 – 10:00pm	**Presidential Gala**	Lakeview Room

Saturday, April 6th

Time	Session/Event	Room
7:30am – 8:30am	Continental Breakfast	University Ballroom Foyer
8:00am – 4:00pm	Registration Open (Sign up for Dine-Arounds!)	Midway Room
8:00am – 4:00pm	Exhibits Open	University Ballroom Foyer
8:00am – 4:15pm	Silent Auction Open	Walden Room
8:30am – 10:00am	**Concurrent Session IV**	Various (see full schedule)
10:00am – 10:30am	Morning Break	University Ballroom Foyer
10:30am – 12:00pm	**Concurrent Session V**	Various (see full schedule)
12:00pm – 2:00pm	Awards Luncheon	Lakeshore Ballroom 1 & 2
2:30pm – 4:00pm	**Concurrent Session VI**	Various (see full schedule)
4:00pm – 4:15pm	Silent Auction Closes (final bids, pay, & pick up)	Walden Room
5:00pm – 6:00pm	**SGS Business Meeting**	University Ballroom B
6:00pm –	**Local Dine-Arounds**	Groups to meet in Lobby

Sunday, April 7th

Time	Session/Event	Room
8:00am – 10:00am	Registration Open	Midway Room
8:30am – 10:00am	**The Council of Presidents Symposium**	Lakeshore Ballroom 3 & 4
10:00am – 12:00pm	**Gerontologists Rooted in the South (GRITS) Brunch: Honoring SGS Past**	University Ballroom B & C
12:30pm – 2:00pm	Closing SGS Board of Directors Meeting	University Ballroom D

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Charlotte, North Carolina



Settled around 1755 by people of European descent and incorporated in 1768 (as a town and later a city), Charlotte is now the largest city in North Carolina and the 17th largest city in the United States (based on population). Nicknamed the Queen City, Charlotte and its resident county are named in honor of Charlotte of Mecklenburg-Strelitz, who had become queen consort of British King George III the year before the city's founding. A second nickname derives from the American Revolutionary War, when British commander General Cornwallis occupied the city but was driven out by hostile residents, prompting him to write that Charlotte was "a hornet's nest of rebellion," leading to the nickname The Hornet's Nest. Charlotte is traditionally considered the home of Southern Presbyterianism, but in the 19th century numerous churches, including Presbyterian, Baptist, Methodist, Episcopalian, Lutheran, and Roman Catholic, formed, eventually giving Charlotte yet a third nickname -- The City of Churches.

Today, Charlotte is a major U.S. financial center, second only to New York City! Bank of America and the East Coast operations of Wells Fargo are headquartered in the city. Charlotte is also home of the Carolina Panthers of the NFL, the Charlotte Bobcats of the NBA, and the U.S. National Whitewater Center. Of course, Charlotte is also a major center in the US motorsports industry, housing multiple offices of NASCAR as well as the NASCAR Hall of Fame. In fact, approximately 75% of the NASCAR industry's employees and drivers are based nearby.

Charlotte is also a hub of culture, being home to over 15 museums and cultural attractions, including the Carolinas Aviation Museum, Carowinds amusement park, the Charlotte Trolley Museum, Discovery Place, the Harvey B. Gantt Center for African-American Arts + Culture, the Historic Rosedale Plantation, the Levine Museum of the New South, the Mint Museum of Art, the Mint Museum of Craft + Design, and more.

Printed guides to Charlotte's culture, entertainment and restaurants are available in the University Ballroom Foyer. For additional detailed information on all that Charlotte has to offer, visit http://www.charlottesgotalot.com/.

Enjoy your stay!

Welcome from the SGS President



As we transition into spring, I welcome you to the "Queen City" of Charlotte, NC for the 34th Annual Meeting of the *Southern Gerontological Society*. We have an exciting weekend planned around our central theme of **Transitions**, including keynote speakers, symposia, paper sessions, workshops, poster presentations, and of course, many opportunities for networking.

The field of aging, like the world around us, is in transition. We must navigate our academic pursuits and professional practice within this new arena of transition. Maintaining SGS's rich tradition of open communication and healthy exchange of ideas—of innovation and interaction—between academic and professional practice, I welcome you to take advantage of the unique venue that SGS provides. I encourage you to participate as much as possible. Introduce yourself. Share your ideas and comments with those around you. We are a great group of people! We work hard and play hard, and have provided opportunities for both over the weekend.

I would like to formally and publicly thank our Program Chairs, **LaVona Traywick** and **Lee Ann Steffen Ferguson** for their tireless efforts in organizing a program that is stimulating, diverse, and inclusive. While certainly a full program, our Program Chairs have managed to also maintain the warmth and intimacy that is distinctive to SGS. I also want to thank our Local Arrangements Chairs, **Dena Shenk** and **Cynthia Hancock** for their efforts in organizing opportunities to enjoy the city of Charlotte. Thanks also to my Board of Directors and to **Dana Bradley** and **Ed Rosenberg** for their support in my tenure as President—I couldn't do any of it without *all* of you. And, of course, thank ***you*** for being part of SGS's 34th Annual Meeting.

So, share much and learn much. Reconnect with old friends and make new ones. Take home with you new ideas to try out or study. Let's take the attitude that transitions are an opportunity toward navigating the future! Again, welcome to the "Queen City" of Charlotte and the 34th Annual Meeting of SGS.

Sincerely,

James R. Peacock, PhD
President, *Southern Gerontological Society*

Welcome from the Program Chairs

Welcome to SGS! We think you are going to enjoy your stay here in North Carolina and hope you take advantage of the Dine-Arounds on Saturday night to get out and explore some of the local food flavor.

The program this year is jammed-packed full and there are several sessions that we recommend you not miss! It starts strong on Thursday night and is non-stop until the closing session on Sunday morning. The program's opening session features the current SGS President, Dr. James R. Peacock, who will speak on "Transitions" followed by our keynote, Dr. Kyriakos Markides, who will speak on the "Hispanic Paradox in Mortality, Aging and Health." This session is immediately followed by the Student Poster Session and Reception.

The concurrent sessions over the next two days comprise a wide variety of topics, for example, Friday's Paper Session IV is on grandparents raising grandchildren and on Saturday, Paper Session XI includes a photographic journal, life stories, and a sculpture discussion. We have sixteen workshops this year which cover an array of subject matter and a symposium every concurrent session. You will have a hard time choosing which sessions to attend because the options are so impressive.

We are also trying something new this year in regards to the poster sessions. Instead of them overlapping with other sessions, we have given them a time slot all their own. Once again, we want to highlight the student poster session and reception Thursday night from 7:00pm to 9:00pm. We are very pleased to have so many students presenting both posters and papers this year and we think you will be impressed with their quality.

And, as promised, the fun doesn't end until it's over. The Closing Session not only has Heather Burkhardt to speak on "The State of the State", we also have a panel of SGS past-presidents who will talk about "Retirement Taught and Retirement Lived." This is followed by the now famous SGS brunch and GRITS awards ceremony. So don't even think about leaving early, this you won't want to miss.

We want to take this opportunity to say a special thank you to **Mrs. Toby Woodson**. Although not an official program chair, we couldn't have put together such an excellent program without her assistance.

In conclusion, enjoy the conference, learn a lot, and make plans to see us again next year in Little Rock, Arkansas.

Sincerely,

LaVona Traywick and Lee Ann Ferguson

2013 SGS Program Co-Chairs

2012 – 2013 SGS Leadership

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James R. Peacock, PhD

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Cynthia Hancock, PhD

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Jaye Atkinson, PhD

Nominating
Dana Bradley, PhD

Program
LaVona Traywick, PhD
Lee Ann Steffen Ferguson, M.A.

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Malcolm Cutchin, PhD

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Joseph Gaugler, PhD

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

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SGS Past Presidents

Dr. Barbara Payne	1979 – 1981
Dr. Lorin Baumhover	1981 – 1982
Dr. Glenn Hughes	1982 – 1983
Dr. Nancy Lohmann	1983 – 1984
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Conference Highlights

President's Opening Session, Student Poster Presentations, and Reception

Thursday, April 4 6:00pm – 9:00pm

Please let us welcome you to the 2013 SGS Annual Conference. This opening session will commence with opening remarks by our current SGS President, Dr. James R. Peacock, and an address by keynote speaker, Kyriakos S. Markides. Dr. Markides, the Annie and John Gnitzinger Distinguished Professor of Aging and Director of the Division of Sociomedical Sciences of the Department of Preventive Medicine and Community Health at the University of Texas Medical Branch in Galveston, will address the conference's central theme of "Transitions" with his presentation on the *Hispanic Paradox in Mortality, Aging and Health*.

Following this, our reception will feature the poster presentations of the emerging generation of gerontologists. Please come and share in this vital networking opportunity, enjoy some hors d'oeuvres, and engage in the works of our students! This reception is sponsored by the Gerontology Program at UNC-Charlotte.

Silent Auction

The silent auction will be open throughout the conference with intake of items for auction beginning on Thursday, April 4 from 2:00pm until 6:00pm. The silent auction will be open for bidding on Friday, April 5 from 8:00am until 4:00pm and again on Saturday, April 6 from 8:00am until 4:00pm. Bid sheets will be pulled on Saturday at 4:15pm. Visit often and bid frequently!

Student Mentoring Moments

Friday, April 5 4:00pm – 5:30pm

The aim of this session is to provide students an opportunity to meet and interact with professionals working in the field of aging. This is an informal session which will include professionals from various backgrounds (academics, nursing homes, caregivers). Mentors can share about their career paths and professional experience and students can discuss issues and concerns they may have related to their career goals. This will also provide a networking opportunity for those seeking jobs and careers in the field of aging.

Presidential Gala

Friday, April 5 7:00pm – 10:00pm

Come celebrate SGS's 34th annual meeting! This event will feature heavy hors d'oeuvres and informal social networking. Let's just get together and have some fun! Cash only bar.

Awards Luncheon

Saturday, April 6 12:00pm – 2:00pm

Welcome to our annual Awards Luncheon where we recognize the outstanding efforts of practitioners, academics, students, and more. Award winners have a sustained record of leadership in aging, are recognized in their respective fields, and/or have had a positive impact on the quality of life of older persons in the South and have advanced the mission of SGS.

Local Dine-Arounds

Saturday, April 6 starting at 6:00pm

Enjoy the local eateries with some of SGS's most engaging hosts! Sign up for your choice of dinner and company at the registration area. Groups will meet in the lobby at times designated by the hosts (around 6:00pm), so please be sure to check for times on the signup sheets.

Council of Presidents Symposium

Sunday, April 7 8:30am – 10:00am

The 2013 Council of Presidents Symposium (yes, the COPS!) will feature two presentations guaranteed to be informative and thought-provoking.

"The State of the State: Aging in North Carolina" will be delivered by Heather Burkhardt of the North Carolina Division of Aging and Adult Services. Her comments will cover demographics and, especially, needs and challenges as the state's population grows and political power balance shifts. The COPs intend this to be an annual feature of the Symposium, focusing on each year's SGS host state.

Next, a panel of past presidents and long-standing members of SGS will reflect on "Retirement Taught vs. Retirement Lived: Myths and Realities, Rewards and Concerns." How realistic (or delusional or denying) are gerontologists about retirement? Should our primary focus be on productive aging, active aging, or optimal aging?

Gerontologists Rooted in the South (GRITS) Closing Brunch

Sunday, April 7 10:00am – 12:00pm

The closing SGS brunch honors Gerontologists Rooted in the South (GRITS). At the end of the brunch, this year's GRITS of Distinction will be recognized. This honor will be bestowed on three distinguished members. Biographical information and SGS contributions of these GRITS of Distinction will be placed on the SGS website.



Session Formats

The 2013 Annual Meeting of SGS promotes innovation and interaction in sessions that engage participants as much as possible. As always, a variety of session formats will allow participants the best option for presenting their work and ideas.

Symposium

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

Workshop

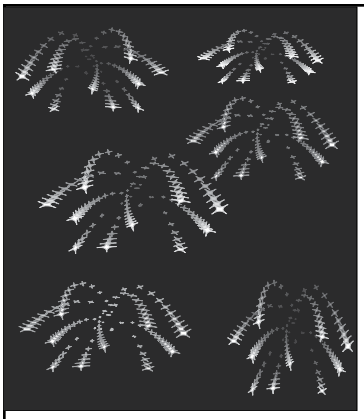
In a workshop session, one or two leaders organize a systematic exchange of ideas or conduct a demonstration or application of techniques and/or skills. A workshop provides an excellent opportunity for involving participants in such diverse formats as demonstration, lecture, case studies, and role plays.

Paper

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

Poster

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



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For more information about any of these programs contact:
Dr. Eleanor Covan, Ph.D.
Coordinator
UNCW
601 S College Road
Wilmington, NC 28403-5625
covane@uncw.edu
Phone: (910) 962-3435
Fax: (910) 962-7906

Web Address: www.uncw.edu/shahs/academic/gerontology.html

Full Schedule

THURSDAY, APRIL 4TH

Opening Session (University D) **6:00pm – 7:00pm**

Join us for an opening session featuring current SGS President Dr. James R. Peacock, who will give his welcome address: **Transitions**. We will welcome keynote speaker, Dr. Kyriakos S. Markides, the Annie and John Gnitzinger Distinguished Professor of Aging and Director of the Division of Sociomedical Sciences of the Department of Preventive Medicine and Community Health at the University of Texas Medical Branch in Galveston, who will speak on **Hispanic Paradox in Mortality, Aging and Health**.

Student Poster Session and Reception (University Ballroom A & B) **7:00pm – 9:00pm**

Following the opening session, please join us for refreshments and networking during the student poster session. This reception is sponsored by the University of North Carolina at Charlotte.

Student Poster Sessions

1. **Suicide Prevention in Agriculture Workers**
   Michael Anders, BA, University of Arkansas at Little Rock, Michael Freyaldenhoven, BS, University of Arkansas Division of Agriculture
2. **Exercise Preparedness for Boomers: A Tale of a Small Southern City**
   Leah Beyer, BS, Western Kentucky University Center for Gerontology, & Dana Burr Bradley, PhD, Western Kentucky University Center for Gerontology
3. **Adult Day Services Participation and Client Depressive Symptoms: A Longitudinal Analysis**
   Rebecca Bivens,MS, Neda Nourozi, MA, & Shannon Jarrott, PhD, Virginia Tech
4. **Influence of Poetry Writing on Resident's Sense of Self and Wellbeing**
   Cherita Black & Dana Burr Bradley, PhD, Western Kentucky University Center for Gerontology
5. **Health Literacy in Older Adults**
   Laura Capranica, BSN, UNC Charlotte
6. **A Longitudinal Study on the Role of Successful Aging in Life Satisfaction of Korean Elders: Comparing Young-Old, Middle-Old, and the Oldest-Old**
   Hye Won Chai, MA(candidate), Hey Jung Jun, PhD and Susanna Joo, MA (candidate), Yonsei University
7. **The Influences Affecting End-of-life Care Decisions in Terminally Ill Patients**
   Rebecca Coley, BS, & Sandi Lane, PhD, Appalachian State University
8. **Aging Portrayals in Media: Past, Present, and Future**
   Asheley Cooper, Lisa Gaston, Clakita Davis, Kenyta Roper, Codi King, & Ashley Smith, Winston-Salem State University
9. **Understanding Stroke: Role of Patient Dental Care Post Stroke**
   Amy Correll & Dana Burr Bradley, PhD, Western Kentucky University Center for Gerontology
10. **Ease into Health and Fitness: Evaluation of a Functional Fitness Program in Adult Day Centers in North Carolina**
    Elise Eifert, MS, University of North Carolina Greensboro, Patricia Brill, PhD, Functional Fitness, LLC., Jeff Milroy, PhD, Elon University and UNCG, Stefanie Milroy, MPH, CHES, UNCG, Emily Taylor, B.A., University of North Carolina Greensboro
11. **The Effects of DOMA on the Older Gay Population**
    Elizabeth Frye, Grad Cert (cand.), University of North Carolina Charlotte
12. **The Who and Why of Older Patients Receiving Mental Health Services in Primary Care**
    Andrea Garroway, MS, Elizabeth Sadock, MS, Stephen M. Auerbach, PhD, & Bruce Rybarczyk, PhD, Virginia Commonwealth University
13. **Privatizing Retirement: Ethical Considerations of Shifting Risk to the Individual**
    Meredith Gellman, MHA, University of North Carolina Charlotte

14. **Addressing Age Segregation among Older Adults**
    Meagan Jain, BA, Georgia State University
15. **Cohort Differences in Successful Aging: Physical Health**
    Susanna Joo, MA (cand), Hey Jung Jun, PhD, Hye Won Chai, MA (cand.), Yonsei University/ Department of Child and Family Studies, Myoung Yong KIM, PhD, Duke University Department of Political Science, & Janice I. Wassel, PhD, University of North Carolina Greensboro
16. **Strengthening the Relationship between Long Term Care Facilities and College Students**
    Karly Kasten & Dana Burr Bradley, PhD, Western Kentucky University Center for Gerontology
17. **The Benefits of Human Touch through the Life Course**
    Marian Lechner, BSW (cand.), University of North Carolina Charlotte
18. **Assessing Knowledge about Kentucky Assisted Living Facilties**
    Paige Montgomery & Dana Burr Bradley, PhD, Western Kentucky University Center for Gerontology
19. **Understanding Adult Foster Care State by State: Provider Experience in North Carolina**
    Kelly Munly, MS, Virginia Tech
20. **Health Challenges of First Time Homeless Older Adults Living in Extended Stay Hotels**
    Wendy Myers, BSW (cand.), & Terri Lewinson, PhD, Georgia State University
21. **Resource Guide on End-of-Life Planning for Aging Asian Indians**
    Jyoti Nunna, MA, University of North Carolina Charlotte
22. **The Public's Perception of Older Adults as Eyewitnesses**
    Hallie Putt, MS (cand.), University of North Carolina Charlotte
23. **Evaluation of Levels of Distress in Elderly Primary Care Patients Referred for Psychological Services**
    Elizabeth Sadock, MS, Andrea M. Shamaskin, MS, Stephen M. Auerbach, PhD, & Bruce Rybarczyk, PhD, Virginia Commonwealth University
24. **Analysis of the Person Centered Care Environment for Older Adults**
    Arielle Semer, Melissa Schafer, & Beth Vickio, Bowling Green State University
25. **Aged-Based Healthcare Rationing: Ethical Questions for a Practical Problem**
    Deborah Tillman, BA, University of North Carolina Charlotte
26. **Examining Policy and Programming Issues for Aging Incarcerated Females Serving Life**
    Brittany Toomey, MS, University of North Carolina Wilmington, & Dr. Ronald H. Aday, Ph.D, MTSU Sociology/Aging
27. **Transitions, Teachable Moments, and Transformations: Walking a Mile in Their Shoes**
    Alix Unwin, & Kelly Niles-Yokum, PhD, York College of Pennsylvania
28. **Promoting a Longer Life Expectancy with a Better Quality of Life: Baby Boomers and Chronic Diseases**
    Ivette Valenzuela, MPH (cand.), Virginia Tech
29. **Understanding Falls in Late Life: A Review of Empirical Literature**
    Raven Weaver, BA, Karen Roberto, PhD, & Nancy Brossoie, PhD, Virginia Tech Center for Gerontology
30. **Effect of Acculturation and Health Beliefs in Utilizing Health Care Services by Elderly Women who Immigrated to the USA from the former Soviet Union**
    Lyubov Yarova, MS (cand.), & Eleanor Covan, PhD, University of North Carolina Wilmington
31. **The Communication Approaches of Direct Care Workers within a Memory Care Assisted Living Community**
    AviElle Raymore, MA (cand.), & Dena Shenk, PhD, University of North Carolina Charlotte
32. **Implementation of the Five Wishes Education Protocol in Three Southwest Georgia Senior Citizen Center**
    Patricia Marshall, DNP, Troy University

FRIDAY, APRIL 5TH

Continental Breakfast (University Ballroom Foyer) — *7:30am – 8:30am*

Concurrent Session I — 8:30am – 10:00am

Symposium I — University C

33. **Geriatric Education Centers as Community Partners**
Edward F. Ansello, PhD, Virginia Commonwealth University, Arleen Johnson, PhD, Ohio Valley Appalachia Regional GEC, University of Kentucky, & Robert E. Roush, EdD, MPH, Director, Texas Consortium GEC, Huffington Center on Aging, Baylor College of Medicine

Workshop I — University B

34. **Connecting the Past and Present to Preserve the Future: Workshops on Writing Motherline Stories**
Christine Davis, PhD, & Regina Young, MA (cand.), University of North Carolina at Charlotte

Workshop II — University D

35. **The Road to Medicare: Making the Transition to Medicare Eligibility a Smooth One**
Jeanie Schepisi, Piedmont Area Regional Manager, Seniors' Health Insurance Information Program (SHIIP)

Workshop III — University E

36. **The Will and The Way: The Role of Goal-Directed Behavior in Future Care Planning among Older Adults**
Jodi Southerland, DrPH, East Tennessee State University, & Deborah L. Slawson, PhD, R.D., L.D.N., Department of Community & Behavioral Health, College of Public Health, East Tennessee State University

Paper Session I — Lakeshore 3

37. **Defining, Measuring, and Improving Person Centered Care in Nursing Homes**
Beth Barba, PhD, RN, FAGHE, FAAN, University of North Carolina at Greensboro School of Nursing, "Howard B. Degenholtz, PhD University of Pittsburgh, & Judith Sangl, ScD Agency for Healthcare Research and Quality, US DHHS

38. **Correlation Between Job Satisfaction and Employee Retention in Nursing Centers**
Majisa Boyd, MA (cand.), Georgia State University

39. **The Impact of Medication Aide Use on Nursing Home Quality**
Judith Walsh, PhD (cand.), University of North Carolina at Charlotte, Sandi Lane, PhD, Appalachian State University, & Jennifer Troyer, PhD, University of North Carolina at Charlotte

44.* **Inviting a Patient's Perspective: A Case of an Older Transgender Person Receiving Cancer Treatment**
Yulia Watters, PhD, Duke University Health Systems, & Jacquelyn Browne, PhD, LCSW, Nova Southeastern University

Paper Session II — Lakeshore 4

40. **Differences by Gender and the Experience of Trauma in Depressive Symptomatology among American Indian Elders**
Ebru Cayir, MD, University of South Carolina, S. Melinda Spencer, PhD, University of South Carolina, & R. Turner Goins, PhD, Oregon State University

41. **End of LIife Care among Older Russian Immigrants: Multiple Viewpoints and Preferences**
Emily Hensley, S. Sudha, PhD, & Dan Wang, PhD (cand), University of North Carolina Greensboro

42. **End-of-Life Preferences in Afro-Caribbean Older Adults: A Systematic Literature Review**
Karen Moss, MSN, RN & Ishan C. Williams, PhD, University of Virginia

43. **An Examination of Successful Aging Among Southern Black and White Older Adults**
Meredith Troutman-Jordan, PhD, PMHCNS, BC, University of North Carolina at Charlotte, Mary A. Nies PhD, RN, FAAN, FAAHB, School of Nursing, Idaho State University, & Boyd Davis PhD, University of North Carolina at Charlotte

44.* (pg. 14)

Poster Session II 10:00am- 11:00am

Poster Session II University A

45. **Quality of Life Predictors: Differences Among Recently Transitioned Populations**
Kristi Fuller, MSW, Georgia Health Policy Center

46. **Translational Research: Doing it Best in the Community for Caregiver Health**
Laura Bauer, MPA, & Leisa Easom, PhD, RN, Rosalynn Carter Institute for Caregiving

47. **Dementia: A Guide to the Transition and Safe Living at Home**
Kristin Alexander, Peoria Wade, Brianna Wallace, Meagan Lilley, Precious Johnson, Renee Kea, & J. Steven Fulks, PhD, Barton College

48. **New Directions in Policy Drive Programming**
Carolyn Bird, PhD, AFC, RFG, & Jacquelyn W. McClelland, PhD, North Carolina State University

49. **Medicare Dental Coverage Impacts Retirement Transition**
Patricia Bonwell, PhD, Virginia Commonwealth University

50. **A Need to Study the Politics of Death and Dying**
Jeff Brooks, PhD, Fayetteville State University

51. **Alzheimer's Disease Through the Eyes of a Child; A Comprehensive Guide for Adults to Help Children Cope**
Madison Cauley, Casey Strickland, Autumn Pittman, Valarie Riddle, & J. Steven Fulks, PhD, Barton College

52. **Grandma Lived in My Dining Room**
Cathy Jo Cozen, B.A., C.G., San Diego County Longtermcare Ombudsman

53. **Communicating and Caring: Examples of E-Training for Patient-Centered Dementia Care**
Boyd Davis, PhD, UNC Charlotte & Mary Smith, R.N., MBA, Central Piedmont Community College

54. **Sound Ideas: Hearing Loss Prevention Education for Older Farmers**
Kris Elliott, BSE, MS & LaVona Traywick, PhD, U of A Division of Agriculture

55. **Transition in Life and Death**
Deborah Farmer, PhD & Cecile N. Yancu, PhD, Winston-Salem State University

56. **Who Wants to Live Forever?: Correlation of Life-Extension Attitudes**
Sean Halpin, MA, Veterans Affairs Medical Center, GRECC

57. **Trends in Post-Retirement Economic and Community Involvement Among Older Adults**
HeeSoon Lee, PhD, Derek Mason, PhD, Fleming Fallon, MD, DrPH, & Hans D Schmalzried, PhD, Bowling Green State University

58. **Transitions in Dementia Care: Preliminary Assessment of a Dementia Training Program**
Dena Shenk, PhD, Kaitlin Stevens, BS, Boyd Davis, PhD, Cynthia Hancock, PhD, & Allison Jensen, University of North Carolina Charlotte,

59. **Older Adult's Use of Complementary and Alternative Medicine to Address Circulatory Conditions**
Elizabeth Tait, PhD & Marianne Hollis, PhD, RN, Western Carolina University

60. **Incorporating Athletic Training Techniques in Daily Exercise Programs: Specific Recommendations for Retirement Communities**
Haley Todaro, & J. Steven Fulks, PhD, Barton College

61. **The Design and Implementation of Balance Interventions in the Aging Population**

Lindsey Toth, Department of Human Performance and Health Education, Western Michigan University, Kristy Lievense, & Steven Fulks, PhD, Barton College

62. **Low Back Disorders: Injury Prevention and Risk Reduction**
Jessica Vincent, BS MEd, & LaVona Traywick, PhD, University of Arkansas' Division of Agriculture Cooperative Extension Service

63. **Memory Banking: A Life Story Intervention**
Amy Hosier, PhD, Brian Downer, John Watkins, & Faika Zanjani, University of Kentucky

Concurrent Session II — 11:00am – 12:30pm

Symposium II — University C

64. **Transitions in Care: The Relationship between Better Care and Better Jobs for Direct Care Workers**
Jennifer Craft Morgan, PhD, Georgia State University, Candace Kemp, PhD, Gerontology Institute, Georgia State University, & Cherie Rosemond, PT, PhD, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill

Workshop IV — University B

65. **A Statewide Approach to LGBT Inclusion for Aging Networks**
Douglas Carl, BS, Georgia Department of Human Services, Division of Aging Services

Workshop V — University D

66. **Caregiver Burn Out: The Silent Work Place Crisis**
Patricia Fletcher, BA, MA, MS, ElderCare Buddy

Workshop VI — University E

67. **Uncovering the Hidden Crime of Sexual Assault and Molestation within Nursing Homes**
Lillian Jeter, M.Ed Clinical Counseling, The Citadel

Paper Session III — Lakeshore 3

68. **Friendship and Happiness in the Third Age**
Rebecca Adams, PhD, & Emily M. Taylor, BA, UNC at Greensboro

69. **The Culture of Widowhood: Negotiating Intimacy in Assisted Living**
Christina Barmon, MPH, Elisabeth O. Burgess, PhD, Georgia State University, & Alexis A. Bender, PhD, Behavioral and Social Health Outcomes Program (BSHOP), Army Institute of Public Health

70. **Our Members are Growing Up!: Constructions of Aging in a Lifelong Learning Institute**
Summer McWilliams, MS, Florida State University

71. **Higher Education Gerontology Syllabi Development: Documentation and Measurement**
Rosalie Otters, PhD, MSW, DMin, University of Arkansas at Little Rock

Paper Session IV — Lakeshore 4

72. **Grandparents Raising Grandchildren: The Influence of a Late-Life Transition on Occupational Engagement**
Dory Marken, PhD, Eastern Kentucky University

73. **Content Analysis of Rural and Urban Differences in School Officials' Concerns Regarding Grandparents Raising Grandchildren**
Tina Peterson, PhD, Western Kentucky University, & Cathy B. Scott, PhD, University of Tennessee

74. **A Review of Raising Grandchildren in Rural Areas**
Joyce Shepherd, PhD, Henderson State University

Lunch Break – Committee Meeting & Networking ***12:30pm – 2:00pm***
(*lunch on your own*)

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

Symposium III **University C**

75. **Homelessness: The New Life Transition for Older Adults**
Jay Poole, PhD, & Fran Pearson, RN, MSW, LCSW, UNC Greensboro

Workshop VII **University B**

76. **Grandparents in Transition: Returning to Parenting One More Time**
Luci Bearon, PhD, North Carolina State University, Tina L. Peterson, PhD, MSW,Western Kentucky University, Suzanne LaFollette-Black, BS, AARP-North Carolina

Workshop VIII **University D**

77. **The Aging Latino Population: Meeting the Service Delivery Challenge**
Jim Mitchell, PhD, East Carolina University

Workshop IX **University E**

78. **Realizing Excellence, the Possible Dream for Teens and Seniors at-risk**
Gail Sonnesso, MS, & Angelo Sonnesso, MA, MS, GEM Adult Day Services, Inc.

Paper Session V **Lakeshore 3**

79. **Baby Boomers at Medicare's Doorstep: Surprises Await Them**
Janet Henning, PhD, North Central Texas Area Agency on Aging
80. **Historical and Comparative Perspectives on the Transition from Work to Retirement**
Victor Marshall, PhD, UNC Chapel Hill
81. **Boomers' Financial Readiness, Not Age, Drives Retirement Options**
Karen Moldt, MBA, UNC Greensboro
82. **Resilience as a New Norm: Growing Older in a Time of Economic Turbulence**
Yulia Watters, PhD, Duke University Health Systems & Jacquelyn Browne PhD, L.C.S.W, Nova Southeastern University

Paper Session VI **Lakeshore 4**

83. **Evidence-Based Practice in the Prevention and Management of Falls: A Guide for 21st Century Clinicians and Educators**
Myra Owens, PhD, & Constance L. Coogle, PhD, Commonwealth University, Virginia Center on Aging
84. **The Evaluation of an Exercise Program for Older Rural Adults**
Luis Paschoa and Candace Ashton, PhD, LRT/CTRS, UNC Wilmington
85. **Depressive Symptomology Management and Falls among Middle-Aged and Older Adults**
Lindsay Prizer, MSW, LCSW, Matthew Lee Smith, PhD, MPH, CHES, The University of Georgia, Jeff Housman, PhD, MCHES, Texas State University, & Marcia Ory, PhD, MPH, Texas A&M Health Science Center

Careers in Aging Student Mentoring Moments (University E) 4:00pm – 5:30pm

Presidential Gala (Lakeview Room) 7:00pm – 10:00pm
(Heavy hors d'oeuvres, Cash bar)

SATURDAY, APRIL 6TH

Continental Breakfast (University Ballroom Foyer) — *7:30am – 8:30am*

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

Symposium IV — University C

86. **Are You Older than Dirt? Let's Talk about Normal Aging!**
Priscilla Pittman, MSW, MA, Alzheimer's Arkansas Programs & Services

Workshop X — University B

87. **Gerontology in the Primary Grades: Teaching about Aging through Kids' Books**
Ed Ansello, PhD, Virginia Center on Aging, Virginia Commonwealth University

Workshop XI — University D

88. **The Transition Matrix, A Measure of Change in Status of Residents and Clients in Nursing Homes and Other Long-Term Care Settings**
Mark Krain, PhD, University of Arkansas at Little Rock

Workshop XII — University E

89. **Relational Paradigm in the Field of Aging: Educational Toolbox for Gerontologists**
Yulia Watters, PhD, Duke Cancer Patient Support Program, & Tommie V. Boyd, PhD, LMFT, Nova Southeastern University, School of Humanities and Social Sciences, Department of Family Therapy
Track: Transitions in Subject

Paper Session VII — Lakeshore 3

90. **Study of an Aging Population: Housing and Independent Living Service Options in the City of Herman, Minnesota**
Farah Gilanshah, PhD, University of Minnesota-Morris
91. **Aging-and Participating-in-Place: A Multi-Method Approach to Theorizing Community Livability**
Kendra Heatwole Shank, MS OTR/L, University of North Carolina, Chapel Hill
92. **Legislating Home: the Impact of the Regulation of Small House Settings for Long Term Care Residents in Nova, Scotia, Canada**
Emily Roberts, Ph.D, M.A., M.Arch, University of Missouri-Columbia
93. **Different Strokes for Different Folks: A Qualitative Anyalysis of Activities in Continuing Care Retirement Communities**
Elizabeth Yost, PhD, Samford University, Vicki Winstead, MA, & Shelia Cotten, PhD, University of Alabama at Birmingham

Paper Session VIII — Lakeshore 4

94. **Professional Chaplaincy and End of Life Care: Theological and Ethical Concerns**
Jamie Duncan, MA(cand.), University of North Carolina at Charlotte,
95. **Impact of Religion and Spirituality on Coping: The Physical and Mental Health of Older Adults**
Shanta Sharma, PhD, Henderson State University
96. **Transition and Change: Meditation and Self Empowerment**
Caroline S. Westerhof, PhD, Kaplan University
Professional Chaplaincy and End of Life Care: Theological and Ethical Concerns
Jamie Duncan, MA(cand.), University of North Carolina at Charlotte,

Morning Break (University Ballroom Foyer) — *10:00am – 10:30am*

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

Symposium V — University C

97. **Part I: Start the Conversation: Community-Based Initiatives to Promote Advanced Care Planning and Physicians Orders for Scope of Treatment.**
Leland Waters, PhD, Virginia Center on Aging, Virginia Commonwealth University. Laura Pole, MSN, The Palliative are Partnership of Roanoke Valley and Chris Miller, Director, Aging Together, Chris Miller, Director, Aging Together, Culpeper.
Part II: Transitioning: Can Typical Legal and Financial Practices Work For Atypical Clients?
Jo Ann O'Quin, PhD, Department of Social Work, University of Mississippi. Robert E Mongue, MA, JD, Department of Legal Studies, University of Mississippi and Teresa Carithers, PhD, RD, LD, Department of Nutrition and Hospital Management, University of Mississippi

Workshop XIII — University B

98. **Ease into Health and Fitness – Evaluation of a Functional Fitness Program on Quality of Life on Adults in Adult Day Centers in North Carolina**
Emily Taylor, BA, University of North Carolina Greensboro, Patricia Brill, PhD, Functional Fitness, LLC., Jeff Milroy, PhD, University of North Carolina Greensboro and Elon College, Stefanie Milroy, MPH, CHES, & Elise Eifert, MS, CHES, University of North Carolina Greensboro

Workshop XIV — University D

99. **National and State Policies for Family Caregivers of Persons with Alzheimer's Disease – New Transitions**
Jodi Teitelman, PhD, VCU Dept.of Occupational Therapy, & Christine Jensen, PhD, The Riverside Center for Excellence in Aging and Lifelong Health

Workshop XV — University E

100. **Developing Holistic Group Modalities for Aging Boomers**
Kathie Erwin, EdD, Regent University

Paper Session IX — Lakeshore 3

101. **Development of a Risk Assessment Tool for Adult Protective Service Workers**
Christine Jensen, PhD, The Riverside Center for Excellence in Aging and Lifelong Health and Johanna Folk, MA, George Mason University
102. **The Evidence Base for Leisure Education in Preparation for the Retirement Transition**
Douglas Kleiber, PhD and Britany Linde, Med, University of Georgia
103. **Toward a Dramaturgical Theory of Dementia**
Stephen Marson, PhD, University of North Carolina Pembroke

Paper Session X — Lakeshore 4

104. **Exploring the Knowledge and Attitudes Toward Aging Among College Students Through Drawing**
Chih-ling Liou, PhD, & Karel Joyce Kalaw, MA, Miami University
105. **Are Preschoolers More Likely to Help an Older or Younger Adult on Emotion- and Action-based Tasks?**
Jenessa Steele, PhD, Amory Cox, BA, Courtney Powell, BA, & Kayla Smith, Radford University
106. **Future Frontline Responders to Elder Mistreatment: An Examination of College Students' Knowledge**
Sheryl Strasser, PhD, MPH, MSW, MCHES, Georgia State University
107. **Why Does Grandma Never Answer the Phone?: Increasing Quality of Life Outcomes Through Activities in Continuing Care Communities**

Vicki Winstead, MA, University of Alabama Birmingham, Elizabeth Yost, PhD, Samford University, Shelia Cotten, PhD, Will Anderson, MA, MPH, Ron Berkowsky, MA, & Sarah Khalidi, University of Alabama at Birmingham

Awards Luncheon (Lakeshore Ballroom I & II) — *12:00pm – 2:00pm*

Concurrent Session VI — 2:30pm – 4:00pm

Symposium VI — **University C**

108. **Past Presidential Symposium: Live Like a Southerner, Act Like a Global Citizen**
Dana Burr Bradley, PhD, Western Kentucky University Center for Gerontology

Workshop XVI — **University B**

109. **Transitions in Dementia: The Paradigm Shift of Person-Centered Dementia**
Sonya Barsness, MS, Consulting LLC

Paper Session XI — **Lakeshore 3**

110. **Part of Their Legacy: A Photographic Journey into Caregiving**
Anna Batts, Baron College
111. **Stories of Transition: 519 B Street**
Sherri Fairbairn, MA, University of North Carolina Charlotte
112. **The Measurement of Suicide Assessment and the Development of a Treatment Strategy for Elders: Durkheimian Approach**
Stephen Marson, PhD, University of North Carolina Pembroke, Michin Hong, PhD, MSW, School of Social Work University of Maryland, & Julia Bullard Roscoe, BA, Department of Instructional Technology, Richmond County Schools
113. **The Slow Death of Memory: A Sculptural Interpretation of Alzheimer's Disease** ***This is a sculpture discussion. The sculpture is on display in the silent auction room (Walden Room).***
Gerard Lange, MFA, Barton College

Paper Session XII — **Lakeshore 4**

114. **A Review of Home Alert Systems**
Autumn Herrin, & Sandy Dickerson, Barton College
115. **Young vs. Old: Is Elder Fraud Framed as Intergenerational or Familial Warfare?**
Jaye Atkinson, PhD, Elisabeth O. Burgess, PhD, & Brenda Sims Blackwell, PhD, Georgia State University
116. **Inoculating Seniors against Scams**
William Tullar, PhD, University of North Carolina Greensboro
117. **100 Designed Technologies**
Claudia Rebola, PhD, Georgia Institute of Technology

Silent Auction Ends (Walden Room) — *bid sheets pulled at 4:15pm*

SGS Business Meeting (University Ballroom B) — *5:00pm – 6:00pm*

Local Dine-Arounds (meet hosts in hotel lobby) — *beginning at 6:00pm*

SUNDAY, APRIL 7TH

Closing Session *8:30am – 10:00am*
(Lakeshore 3 & 4)

118. **The Council of Presidents Symposium:**
Part 1 – The State of the State: Aging in North Carolina
Speaker: Heather Burkhardt

Part 2 – Retirement Taught, Retirement Lived.
Speakers: Ed Rosenberg (Moderator), Ed Ansello, Lorin Baumhover, Jim Mitchell, Graham Rowles, Jan Wassel

Gerontologists Rooted in the South (GRITS) Closing Brunch
Honoring SGS Past (University B & C) **10:00am – 12:00pm**

Closing SGS Board of Directors Meeting
(University D) **12:30 – 2:00pm**



2013 SGS Abstracts

1. Suicide Prevention in Agriculture Workers

Michael Anders, BA, University of Arkansas at Little Rock

Michael Freyaldenhoven, BS, University of Arkansas Division of Agriculture

Every 13.7 minutes someone in the United States dies by suicide. Farmers and other agriculture workers are in the top three professions for attempting suicide. The Arkansas AgrAbility State Program offered through the Cooperative Extension Service is working to educate providers and other health professionals on the warning sign of suicide as well as how to help others after a person dies from suicide. Three major warning signs that persons could be at immediate risk of suicide include threatening or talking about wanting to kill themselves, actively looking for ways to kill themselves, and talking or writing about death and/or suicide (when it is not usual for those persons). After a suicide takes place, helping those who knew the person is difficult. Being able to accept that the survivors will never know the "why" is a key step in the emotional healing process. The main teaching point is that suicide can be prevented.

2. Exercise Preparedness for Boomers: A Tale of a Small Southern City

Leah Beyer, Western Kentucky University Center for Gerontology

Dana Burr Bradley, PhD, WKU Center for Gerontology

As the population of older adults is increasing, there is a need to provide age appropriate exercise options in a format tailored to their needs. The purpose of this study was to develop a baseline set of measure that then could be used to compare physical fitness facilities across geographic locations. The study examined four physical fitness facilities in Bowling Green, KY. Based on characteristics noted in the most recent ACE Certification for Advanced Health & Specialist knowledge literature, a survey was developed to analyze the senior friendly "nature" of the facility. Characteristics deemed useful for "optimal fit" with seniors fitness needs included location, employee certifications, nature of environment, AED/CPR accessible, facility layout, designation of senior benefits and classes, accessible bathrooms and locker rooms, and the option for personalized training. The survey was administered to staff of each facility. A qualitative thematic analysis was employed to test "optimal fit" between each facility and the model of senior friendly facility. In no facility were seniors offered any discount or incentive packages. Safety and attention to personal training was very sporadic. Together these conclusions suggest that Bowling Green does little to offer physical fitness programs especially tailored for older adults.

3. Adult Day Services Participation and Client Depressive Symptoms: A Longitudinal Analysis

Rebecca Bivens MS, Virginia Tech

Neda Nourozi, MA, Virginia Tech and Shannon Jarrott, PhD

Adult Day Services (ADS) is an attractive option for many caregivers of frail elders. Numerous studies indicate positive outcomes for family caregivers; however, limited research addresses the effect of ADS on participants. We address this gap by utilizing longitudinal data collected from 37 ADS participants at a large university in southwest Virginia. Over the course of five years (2007-2012), the Geriatric Depression Scale (GDS) was administered to participants every six months. We examined the association of ADS use with change in participants' GDS scores from time of enrollment to six months later and determined a significant drop in depressive symptoms. With a small effect size (Cohen's d=0.33), our results suggest a need to analyze subsequent GDS measures (47% of participants completed 3-8 assessments) for further change over time. Additional factors, such as frequency of attendance and extended absences should also be considered as potential mediators of the association between ADS use and depressive symptoms. Attending ADS for at least six months was associated with decreased experience of negative feelings associated with depression. These findings point to ADS as a viable, community-based long-term care option that may improve participants' lives, as well as their caregivers.

4. Influence of Poetry Writing on Resident's Sense of Self and Wellbeing

Cherita Black, Western Kentucky University Center for Gerontology

Dana Burr Bradley, PhD, WKU Center for Gerontology

The well being of the older individual is satisfaction or dissatisfaction with his/her social, emotional and environmental conditions (McArdle's and Bryt Seminal study). Robinson (2004) suggested that writing poetry can positively influence a patient's sense of self and well being. Thus, the purpose of this study is to investigate the influences of writing poetry with older adults, in long term care facilities, in hopes to improve their sense of well being. The study involved three residents over the age of 65 from a skilled nursing facility and three residents over 65 from an assisted living facility in Bowling Green, KY. The study was conducted in four steps: Screening, life review assessment, poetry draft and participation in a poetry completion ceremony. Data was obtained by a short interview which probed about aspects of well-being before and after the process of writing poetry. Participates demonstrated a heightened awareness of well-being after completing the study. This, combined with an appreciation for the intervention, suggests that poetry writing might enhance sense of well-being in older residents.

5. Health Literacy in Older Adults

Laura Capranica, BSN, UNCC

Engagement in life and low probability of disease are two overarching themes found in research on successful aging (Rowe & Kahn, 1997). Older persons want to be empowered to make their own decisions, but may not have the knowledge or understanding of what is required to maintain good health. More than 48 percent of adult Americans are not able to read or interpret health information (Wolfe, Gazmararian, & Basker, 2005). With the Meaningful Use federal mandate, Medicare and Medicaid providers are being encouraged to engage patients and families in their health care. How Meaningful Use requirements translate to the relationship of health literacy and health status of older adults continues to be revealed. This paper investigates models of communication and education providing health literacy for older adults. Barriers to application of these models are considered. The author looks at existing programs which provide health education and health promotion for older adults and the interrelationship with health literacy.

6. A Longitudinal Study on the Role of Successful Aging in Life Satisfaction of Korean Elders: Comparing Young-Old, Mid-Old, and the Oldest-Old

Hye Won Chai, MA Student, Yonsei University/ Department of Child and Family Studies

Hey Jung Jun, PhD, Yonsei University, Department of Child and Family Studies and Susanna Joo, M A Student, Yonsei University, Department of Child and Family Studies

Dimensions of successful aging suggested by Rowe and Kahn are health, function, and life engagement. Using specific indicators of successful aging identified in the model, this study aimed to investigate the role of successful aging in life satisfaction of Korean elders. More specifically, we studied whether the influence of these indicators differed across 3 age cohorts of young old, mid-old, and oldest-old elders. The study analysed respondents from Korean Longitudinal Study of Aging(N=4,720). Indicators of successful aging including disease, health status, physical and cognitive functioning, and social activity at wave1(2006) were used as predictors. Life satisfaction two years later was measured by creating a latent variable made up of economic, health, spousal and parent-child relationship satisfaction. Results showed that the predictors which were significant for the younger group become insignificant or less significant for the older population. However, each of the three dimensions had a particular indicator that consistently showed significant influence on life satisfaction regardless of age group; health status, cognitive functioning, and group activities, respectively. This shows that among many elements of successful aging, there exist strong factors that require more attention, which forecast long term influence over life satisfaction of the elderly.

7. The Influences Affecting End-of-Life Care Decisions in Terminally Ill Patients

Rebecca Coley BS, Appalachian State University

Sandi Lane, PhD, Appalachian State University

With a growing aging population and chronic diseases taking a toll on a large percentage of the general population, there is an increasing need for patient and family education on end-of-life care. End-of-life care is generally avoided as a topic of discussion due to the inevitability of the patient's death and societal views of death as a taboo subject, yet it is an important facet of care along the continuum of health care services. This study evaluated three end-of-life care options available to terminally ill patients; aggressive treatment, palliative care, and hospice care. Evaluation of patient and provider cultural values and beliefs and patient demographics were assessed in relation to end-of-life care decisions. Case studies and academic journals were reviewed and synthesized as they related to patient demographics, cultural influences, and provider education. Provider values, perspectives, and knowledge of end-of-life care options were identified as critical in patient's selection of end-of-life treatments. Therefore providers must have knowledge of end-of-life care options and the cultural competence to effectively communicate with patients and their families. Culturally-sensitive approaches must be addressed as a factor in the discussion of care plans between patient and provider.

8. Aging Portrayals in Media: Past, Present, and Future

Asheley Cooper, Winston-Salem State University

Lisa Gaston, Winston-Salem State University, Clakita Davis, Winston-Salem State University, Kenyta Roper, Winston-Salem State University, Codi King, Winston-Salem State University, and Ashley Smith, Winston-Salem State University

Traditionally, older adults have been portrayed in television and films in stereotypical manners. This has contributed to an ageist view towards older adults. The purpose of this research was to explore the evolution of aging in the media throughout the past from the 1970's until the present. Films and television series were viewed looking for how aging populations were portrayed. A diverse selection of films and television series such as All In The Family, Sanford and Sons, Soul Food, Golden Girls, Grumpy Old Men, The George Lopez Show and Betty White's Off Their Rockers were among those chosen. Earliest portrayals of older adults stereotyped them as feeble, narrow-minded, and set in their ways. Presently, older adults are portrayed as patriarchs, independent, and active. Results found that changes in media have somewhat improved their ageist view towards aging. Although previous older adults paved the way for the present, there are still significant ageist views in the media. In conclusion, the outlook towards aging in the future is slowly transitioning partially due to media influence.

9. Understanding Stroke: Role of Patient Dental Care Post Stroke

Amy Correll, Western Kentucky University Center for Gerontology

Dana Burr Bradley, PhD, WKU Center for Gerontology

The study was designed to help understand the range of treatment options available after suffering from stroke in Broca's and Wernicke's area of brain in people 65 years and older in a rural area of the south. The protocol was designed to analyze existing oral health care delivery in terms of both efficiency and overall prevalence of these services in a rural area compared to 2 nationally ranked areas for care (Portland, Oregon and San Antonio, Texas). A subset of the data (baseline) is presented in this poster. Data was gathered by conducting interviews with clinical director, dentists and key clinical staff in four clinics offering oral health services to older adults in rural regions in Kentucky. Interviewees provided information concerning the range of treatment protocols recommended post diagnosis related to oral health, barriers to patients seeking care and trends emerging in post stroke treatments. Data was analyzed for overarching themes between clinic practices. Wide variation in the availability of treatments was noted with no clear pattern emerging. While these clinics offered basic oral health care, staff did not recommend aggressive interventions. Availability to pay for services was the most often noted barrier to older adults receiving referrals for services.

10. Ease into Health and Fitness- Evaluation of a Functional Fitness Program in Adult Day Centers in North Carolina

Elise Eifert, MS, University of NC Greensboro

Patricia Brill, PhD, Functional Fitness, Jeff Milroy, PhD, Elon University and UNCG, Stefanie Milroy, MPH, CHES, UNCG, Emily Taylor, BA, UNCG

As people age, they often lose muscle strength, flexibility, balance, and endurance. Evidence suggests that physical activity can greatly improve functional ability and quality of life among the elderly. In an attempt to provide a low-impact fitness routine for older adults who have limited access to regular physical activity programs, Be Active North Carolina adapted a program for use among adult day center participants, Ease Into Health and Fitness. The purpose of this study was to explore the efficacy of the EIHF program on functional fitness, quality of life, and fear of falling among older adults attending adult day centers in North Carolina. A repeated-measure delayed-treatment approach was used. Nine adult day centers across North Carolina self-selected to participate in the study and were then randomly assigned to either the early treatment group or the delayed treatment group. Participants were assessed onsite before and after the 12-week intervention using the short performance battery (Guralnik et al., 1994) to measure functional fitness, WHOQOL- BREF to measure quality of life, and Modified Falls Efficacy Scale (Brill) to determine fear of falling. As of submission, post intervention assessments are being performed. Final results will be available by conference date.

11. The Effects of DOMA on the Older Gay Population

Elizabeth Frye, Grad Cert, UNCC

The Defense of Marriage Act (DOMA) allows states to choose not to recognize out-of-state marriage licenses for same-sex couples and defines a spouse as one male husband and one female wife. The only spouses recognized by the federal government are heterosexual married couples, leaving same-sex couples unable to take part in over a thousand federal programs even if they live in states that allow same-sex marriage. While the ethical implications of DOMA affect the entire gay population, the bill especially impacts older same-sex couples. The programs affect older same-sex couples differently than their married heterosexual counterparts when it comes to various federal programs, including: taxes, Social Security, and Medicaid. Their health care, death, and finances are also impacted. In order to better understand all sides on this issue, this poster will consider the evolution of the American view of marriage, societal views about same-sex marriage, and how those views led to the creation of DOMA. The main arguments used to fight, as well as support, same-sex marriage will be analyzed, and the affects that DOMA has on the older gay population will be explored.

12. The Who and Why of Older Patients Receiving Mental Health Services in Primary Care

Andrea Garroway, MS, Virginia Commonwealth University

Elizabeth Sadock, M, Virginia Commonwealth University, Stephen M. Auerbach, PhD, Virginia Commonwealth University, Bruce Rybarczyk, PhD, Virginia Commonwealth University

Given that older adults receive less mental health care than the general population, primary care clinics represent an ideal site for addressing the mental health needs of the older population. This study examines the primary care psychology service utilizations of older patients at an urban training clinic. Older patients referrals to psychology services included significantly more women (Ï‡2 (1) = 6.80, p = .009) and more African Americans (Ï‡2 (2) = 20.65, p < .001) than younger patient referrals. Older and younger patients had comparable latency time between their physician's referral and their first psychology visit (t(424) = -.26, p = ns), as well as time between their first and second psychology visit (t(187) = 1.02, p = ns). Primary visit foci differed slightly between the two groups; among older patients, depression, brief consultations, smoking cessation, insomnia, and dementia were most common visit foci, while common visit foci for younger patients included depression, brief consultations, pain, anxiety, and smoking cessation (Ï‡2 (13) = 31.3, p = .003). Although patient demographic differences exist, older primary care patients have similar service utilization and presenting problems. This underscores the potential

for primary care psychology in meeting the mental health needs of older adults.

13. Privatizing Retirement: Ethical Considerations of Shifting Risk to the Individual

Meredith Gellman, MHA, UNC-Charlotte

Issues surrounding retirement planning and funding will affect every taxpaying American whether or not they reach age 65. Much talk in Washington focuses on the need to reform entitlement programs like Social Security as a way to reduce the national deficit. At the same time, the private sector has almost completely shifted from public pension plans to private retirement plans. This study presents research on the consequences of shifting risk in retirement savings away from the state and to the individual focusing on the ethical principles involved. The study begins with an overview of the development and evolution of retirement planning in the United States. Next, a review of the literature illustrates two different streams of thought and the ethical considerations of shifting risk to the individual retiree: 1) that retirement is a public good and should be publicly managed and 2) that publicly funded retirement plans are a strain on the state and federal government and should be privately managed. The study concludes with policy suggestions based on examples from abroad as well as potential compromises between the two approaches.

14. Addressing Age Segregation among Older Adults

Meagan Jain, BA, Georgia State University

The relationship between social isolation and negative health outcomes among older adults is well established. Yet, Victor, Scambler, and Bond (2009) posit that existing literature mistakenly associates social isolation and loneliness as normal parts of aging. Hagestad and Uhlenberg (2006) additionally postulate age segregation is commonly viewed as natural, inevitable or unproblematic. These assumptions can be detrimental for older adults who need social relationships similarly to all other age categories, but often are at increased risk of losing access to personal social networks. This poster presents the purpose and implementation of the Adopt-A-Grandparent Program (AGP) at Georgia State University (GSU) and Ageless interAction, a nonprofit in Atlanta, GA. I created both programs to address the social disconnect that exists between the young and old, particularly for college-age students. These programs aim to reduce social isolation and loneliness among vulnerable older adults by increasing intergenerational interaction. For older adult participation, both programs secure relationships with nursing homes and assisted living facilities. GSU student volunteers are paired with grandparents as companions. Both programs have positive implications for policy, practice and can be replicated at other universities.

15. Cohort Differences in Successful Aging: Physical Health

Susanna Joo, MA Student, Yonsei University / Department of Child and Family Studies

Hey Jung Jun, Ph D, Yonsei University, Hye Won Chai, M A Student, Yonsei University, Myoung Yong Kim, PhD, Duke University and Janice I. WASSEL, PhD, The University of North Carolina Greensboro

This study focuses on a key aspect of the model successful aging which was suggested by Rowe and Kahn: physical health. In some ways, maintaining physical health is foundational because it is correlated with and enables second-order components such as physical and cognitive function and active engagement with life. We divided late-life into 3 stages and examined whether precursors of physical health differ according to stages. We utilized data from the Korean Longitudinal Study of Aging, using subset of respondents aged 60 and above (N=4,720) for analysis. The model was tested with Structural Equation Modeling using Mplus 6.12. Results indicated that different age groups did have some differences with regard to the predictors of physical health. Specifically, the impacts of age, gender, education, and friends on health were significant among the young-old group and the old-old group, but not among the oldest-old group. However, the effect of regular exercise on health was significant among the two older groups, but not among the young-old. Finally, Income was a significant predictor of health for all age groups. These results imply that the elderly is not a homogeneous group, but that the oldest-old group shows distinctive differences from the younger groups.

16. Strengthening the Relationship between Long Term Care Facilities and College Students.

Kasten Karly, Western Kentucky University Center for Gerontology

Dana Burr Bradley, PhD, WKU Center for Gerontology

Over 10 years ago, a seminal article (Krout & Porgorzala, 2001) described a successful partnership between Ithaca College and a congregate housing facility. This project seeks to expand on this research by asking what is working and what needs improvement in relationship between long-term care facilities and university student organizations with the interest in aging in Kentucky? An e-survey was developed and administered to long term care facility administers (n = 271) to understand their interactions with student organizations from KY colleges and universities. Descriptive analysis was used to identify common challenges. Key concerns included program design, oversight by both university and long term care staff and perceived strength of the university-facility relationship. The implications of the study were used to identify recommendations and best practices to increase meaningful participation by students in elder residential communities.

17. The Benefits of Human Touch through the Life Course

Marian Lechner, BSW student, UNC-C

This poster reports on a study of the importance and benefits of human touch over the life course with a particular focus on whether a lack of "good touch" is pervasive in our culture as a whole. "Good touch" is defined as touch that is affectionately utilized for the purpose of the person's benefit, care, comfort, and well-being and not solely for the purpose of accomplishing a task. A review of the literature included 20+ research articles and six books. In addition, interviews were conducted with six professionals and one parent of a child with autism. My findings indicate that ""good touch"" has become progressively less prominent in American society. Within the medical community, however, therapeutic modalities utilizing caring touch are now well-accepted therapies. At the same time, human touch is less utilized within early childhood settings, as well as educational settings for older children and adolescents, and in assisted living and nursing home communities. The primary implication is that a purposeful utilization of affectionate touch is vital for well-being in all stages of life

18. Assessing Knowledge about Kentucky Assisted Living Facilities

Paige Montgomery, Western Kentucky University Center for Gerontology

Dana Burr Bradley, PhD, WKU Center for Gerontology

Assisted living care in Kentucky is based on a social model. The average age of Assisted Living residents is 86.9 years. On average, the length of their stay in a Kentucky Assisted Living Facility (ALF) is 28.3 months (National Center for Assisted Living). ALF is an increasing in popularity as a housing option for older adults and ALF developers need to know how prospective residents view the challenges and opportunities of moving into an ALF. The main purpose of this study is to assess how older Kentucky residents view ALF's. Residents (n = 20) of an independent living residence in Bowling Green, Kentucky were surveyed after participating in a group social activity. The WKU IRB approved the research protocol and prior approval was obtained by the residence Administrator. The data was analyzed using both descriptive and thematic techniques. The majority of respondents believed that ALF's were restrictive of the resident's freedom, independence and personal privacy. Most respondents thought that ALF services were covered through Medicare or third party insurance. Recommendations for future research include developing a short educational module in conjunction with ALF administrators and pilot testing its effectiveness.

19. Understanding Adult Foster Care by State: Provider Experience in North Carolina

Kelly Munly, MS, Virginia Tech

In this poster, I will review my initial efforts to understand Adult Foster Care as a viable option for community-based long-term care. This option varies greatly in structure and accessibility among states. As part of this initial effort, I will include an overview of my efforts to interview Adult Foster Care providers in North Carolina, with a synthesis of preliminary open-ended interview data. As a context for data

analysis, I will include the positioning of myself as a prior back-up worker for an Adult Foster Care agency in Virginia. Reflexivity stemming from the experience of maintaining an Adult Foster Care blog will also be included. It is important to examine Adult Foster Care provider experiences by state initially, because of the variable structure among states, and sometimes even within states. State-level documentation on Adult Foster Care indicates that this modality of care will grow to be an increasingly relevant option for long-term care across states, as economics of the times motivate deinstitutionalization.

20. Health Challenges of First Time Homeless Older Adults Living in Extended Stay Hotels

Wendy Myers, BSW Student, Georgia State University

Terri Lewinson, PhD, LMSW Georgia State University

Increasing numbers of adults 50 and over are experiencing homelessness for the first time. In the search for affordable housing, many seek shelter in extended stay hotels. Despite meeting basic needs, these living conditions can evoke physical, psychological and social stressors that negatively affect health for this growing subset of homeless. While some participants report health issues that led to unemployment and homelessness, others state their mental and physical health concerns are a result of their homeless experience. Nine older extended stay hotel residents were recruited from a northeast suburban county in Metro Atlanta, across three qualitative research studies between 2006-2012, using flyers and snowball sampling. In each study, residents participated in one-hour in-depth interviews and were asked to describe experiences of “home” at extended stay hotels after housing displacement. Primary and secondary data analysis using constant comparative methods was used to identify descriptions of first-time housing displacement experiences and reasons for extended hotel tenures. Three categories of loss were identified to explain transitions into hotel homelessness: health loss, companion loss, and income loss. Additionally, health expenses and inadequate access to community resources delayed exits from hotel homelessness. Environment-based health stressors and implications for practice will also be presented.

21. Resource Guide on End-of-Life Planning for Aging Asian Indians

Jyoti Nunna, MA, Gerontology, University of North Carolina at Charlotte

End-of-life situations are unique for all individuals and their families and the nature of decisions made affect the quality of this experience significantly. With an increasing presence in the United States, Asian Indians will continue to use health care services. Research reveals that culturally appropriate resources on end-of-life issues are lacking for Asian Indian Immigrants in the United States of America. To bridge this gap a resource guide on end-of-life planning for aging Asian Indians has been developed. This resource guide will serve to educate and assist the aging Asian Indians when they are faced with preparing and planning for end-of-life issues for themselves and their aging parents. This guide also provides case-studies of the unique challenges faced by this population, which in turn will help the service providers’ work effectively with the Asian Indian population.

22. The Public's Perception of Older Adults as Eyewitnesses.

Hallie Putt, MS, Candidate, University of North Carolina of Charlotte

Multiple articles have reported that in the year 2030 the older adult population will peak to the highest it has ever been. This tremendous increase is from the baby boomers aging into older adulthood (Rothman, Dunlop & Entzel, 2000). Because of this fact, more extensive research must be done including within the Criminal Justice System. Over the last few years, evaluations are starting to be made within the Court System, but this is just the beginning. In the Criminal Justice System, jurors can be influenced on just characteristics of the eyewitness alone (Nunez, McCoy, Clark & Shaw, 1999). This leads to the necessity of more research being done about older eyewitnesses and the public’s perception of them. This study will help to provide preliminary research on the views that jurors have on older eyewitness. Questionnaires will be used in order to collect the public’s opinion and views of older adults as witnesses in court. The findings will help to create a picture about the current view of the older adult population when they take the stand in court and to

what degree the public considers them credible, accurate and reliable.

23. Evaluation of Levels of Distress in Elderly Primary Care Patients Referred for Psychological Services

Elizabeth Sadock, MS, Virginia Commonwealth University

Andrea M. Shamaskin, MS, Virginia Commonwealth University, Stephen M. Auerbach, PhD, Virginia Commonwealth University, Bruce Rybarczyk, PhD, Virginia Commonwealth University

Primary care clinics are effective settings for identifying and treating psychological problems in elderly adults who might not otherwise seek services. This study evaluates the level of distress of older and younger primary care patients who have been referred to primary care psychology (an integrated service) by their primary care physician. Of the 452 patients referred, 84 (18.58%) were 65 years old or older, which was significantly fewer than the ratio of older adults in the primary care clinic (Ï‡2(1, 1,5417)=41.80, p

24. Analysis of the Person Centered Care Environment for Older Adults

Arielle Semer, Bowling Green State University

Melissa Schafer, Bowling Green State University and Beth Vickio, Bowling Green State University

For our group project we analyzed the Person Center Care (PCC) Environment in Residential Care for Older Adults by evaluating culture change across the Continuum of Care Spectrum. We find it important that as people age they should be treated to more individualized care. Our purpose of the project is to figure out whether PCC is an effective residential program for older adults. To learn more about PCC we traveled to Swanton Valley Care Center, to assess the effectiveness of the PCC environment, and how staff and residents view and accommodate to this culture change. As part of our research, we observed and interviewed residents and staff, read and analyzed articles, as well as listened to a presentation about Swanton Valley Care and Rehabilitation Center. Some of our findings have shown that residents felt like the PCC staff really went above and beyond to meet their needs. They liked how because it is a smaller facility, the staff really personalized the care. In conclusion, PCC facility seems to be a more effective and more well liked approach to older adult care. We predict that PCC will be a more implemented care technique in the future.

25. Aged-Based Healthcare Rationing: Ethical Questions for a Practical Problem

Deborah Tillman, BA, University of North Carolina at Charlotte

The aging of the U.S. has become an increasingly problematic issue for healthcare because health expenses and resource tend to rise with age, due to higher incidences of illness and disability. This cost as well as the consumption of limited resources raises many ethical concerns and unlike some ethical dilemmas this one has practical implications for all members of society. One idea of how to control healthcare costs and preserve resources is rationing and in particular age-based rationing. This analysis looks at the ethical issues surrounding healthcare, and rationing - specifically age-based and discusses some practical solutions to a growing problem. Existing literature both in support and in opposition of age-based rationing was compared and contrasted in this paper. It was found that there were ethical arguments that could be made to support this type of rationing. However those arguments ultimately failed due to the existence of practical solutions that can be used without age-based discrimination in the allocation of healthcare resources. Healthcare decision need to be made utilizing practical solutions as well as ethical concerns.

26. Examining Policy and Programming Issues for Aging Incarcerated Females Serving Life

Brittany Toomey, MS, University of North Carolina

Ronald H. Aday, PhD, MTSU Sociology/Aging

The significant growth in the women's prison population has resulted in a renewed interest in exploring the consequences of imprisonment for inmates, their families, and administration. New issues continue to emerge as more female inmates receive long sentences and face issues such as declining health, loss of family and friends, or fears of dying in prison. Although the number of life-

sentenced women has increased dramatically, there is a paucity of research on women serving life sentences. This study examines a variety of social, mental and physical health indicators as predictors of prison adjustment. Data for this study were collected using a convenience sample from three women's prisons in Georgia. The average age of the 65 participants was 58 years with an age range of 50-80. Findings indicate significant health care problems in this group leading to high levels of depression and anxiety. Isolated from family and friends on the outside, well over one-half reported histories of physical and sexual abuse prior to incarceration leading to difficulties with prison adjustment. Financial issues and distance to prison were significant barriers to maintaining connections to the outside. Policies and programming strategies are examined to enhance health delivery challenges for women serving life.

27. Transitions, Teachable Moments, and Transformations: Walking a Mile in Their Shoes

Alix Unwin, York College of Pennsylvania

Kelly Niles-Yokum, PhD, York College of Pennsylvania

This presentation examines experience of an ethnographic research study involving the admission of a twenty-year-old college student as a resident to a long-term care facility for eight days. Taking on the role of a ninety-year-old resident, the student was given several provisional diagnoses that came with the required intake of "medications" every day to comply with the management of her chronic conditions. Admission to the facility was due to a recent fall in her home, which mandated that the student ambulate with the assistance of a walker for the entirety of her stay. This experience brought about many transitional issues including a shift in previously held ideas about old age. The details of the findings for this discussion are framed around an interest in the prevalence of depression and loneliness among older adults in long-term care facilities. Finally, we will address the other aspects of this unique experience including the importance of community and the role that social support plays in our lives as we age, as well as opportunities and challenges from a faculty perspective.

28. Promoting a Longer Life Expectancy with a Better Quality of Life: Baby Boomers and Chronic Diseases

Ivette Valenzuela, MPH Student, Virginia Tech

More than 60% of Baby Boomers are likely to have at least one chronic disease by 2030.Diabetes is a chronic multifactorial disease (genetic and environmental causes) that affected 25.8 million people of all ages in 2010, with highest prevalence in elders individuals (10.9 million). This number is expected to rise to 46 million in 2030, when one of every four Boomers will be living with diabetes. Genetic predisposition cannot be modified, but health care professionals can work on modifying behavioral and environmental factors to decrease the incidence and reduce the medical burden and financial costs associated with complications of diabetes. This presentation addresses transitions in strategies for public health programs at the primary, secondary, and tertiary levels to mitigate the effects of Type 2 Diabetes. Social determinants of health must be taking into consideration and culturally sensitive programs are essential. Clinical standards of care based on American Diabetes Association recommendations and community based education should be linked and incorporated at every level of prevention. Primary and secondary interventions need to include education, treatment and early detection of pre-diabetes.

29. Understanding Falls in Late Life: A Review of the Empirical Literature

Raven Weaver, BA, Center for Gerontology/Virginia Tech

Karen Roberto, PhD, Virginia Tech Center for Gerontology and Nancy Brossoie, PhD, Virginia Tech Center for Gerontology

One in three Americans aged 65+ experience unanticipated falls requiring medical care annually. Falls are associated with physical and psychological morbidities, decreased quality of life, and high health care costs. To gain a better understanding of the multidisciplinary research on falls in late life, a systematic, critical review of empirical literature from 2002-2012 was conducted. Electronic searches in EBSCOhost, psychNET, PubMed, and GoogleScholar used key search terms including: risk assessment,

fear of falling, prevention, and intervention. An open coding process was used to categorize emergent themes and identify patterns. Three distinct interrelated dimensions of falls emerged: risk factors (e.g., type of medication, chronic health conditions) with an emphasis on a fear of falling; prevention (e.g., medication review communication and intervention strategies (e.g., tai chi exercise, multidisciplinary team approach). Emphasis on falls among older community-dwelling adults dominated the literature, although residents of care facilities generally have greater risks of falling. Interdisciplinary approaches for fall prevention/intervention need to focus on common risk factors as well as individual circumstances. The development of fall prevention/intervention practices, including the use of new technologies, requires engaging older adults, family members, and healthcare professionals in developing programs with on-going outcome evaluation to assess effectiveness.

30. Effect of Acculturation and Health Beliefs in Utilizing Health Care Services by Elderly Women Who Immigrated to the USA from the former Soviet Union

Lyubov Yarova, BA, MSc UNCW

Eleanor Covan, PhD, Professor, Gerontology Program, Coordinator (UNCW)

Previous researchers have examined health-related attitudes and behaviors among midlife and younger women who have immigrated to the USA from the former Soviet Union, however, little research had been conducted among elderly women who belong to this population. This mixed study explored (1) what conditions influence women to avoid using professional health care services; (2) how different sociocultural environments and acculturation affect utilization of health care services; and (3) whether elderly women behave differently than do younger women. For this study, we recruited 10 women in Ukraine and 10 in the USA. Data include: (1) open-ended interviews, (2) General Information questionnaire, (3) the Language, Identity and Behavioral Acculturation Scale (LIB). Qualitative analysis of the open-ended interviews and Chi Square tests will be reported in discussion of differences between cultural beliefs and length of residence in the USA and whether women in each location avoid using health care services. We suggest the findings of this study will be useful for U.S. health care professionals in order to help meet emotional and medical needs of elderly Ukrainian immigrants and improve health care for this group.

31. The Communication Approaches of Direct Care Workers within a Memory Care Assisted Living Community

AviElle Raymore, MA student, UNCC

Dena Shenk, PhD, UNCC

In long term care communities, communication and social interaction are important to quality of life for residents with dementia. Often, a lack of communication opportunities is available; and the communication between direct care workers and residents tends to focus on physical care tasks. This study examines the range of communication approaches that four direct care workers within a memory care assisted living community took while either brushing a resident's hair or applying a resident's makeup. Secondary data that included videotaped interactions of direct care workers performing activities of daily living or instrumental activities of daily living was utilized. Four different videotaped interactions with four different direct care workers were analyzed to reveal the verbal and nonverbal communication utilized by the direct care worker and the residents' verbal and nonverbal responses to the direct care worker. Results show that each direct care worker used a different communication approach during grooming interactions. Overall, the approaches of the four direct care workers fell on a continuum from treating grooming as purely physical care with limited communication and engagement between the direct care worker and the resident to treating grooming as an activity and using both verbal and nonverbal communication to engage the resident.

32. Implementation of the Five Wishes Education Protocol in Three Southwest Georgia Senior Citizen Center

Patricia Marshall, DNP, Troy University

The overall prevalence of completed advance directives in community-dwelling older populations remains low with a documented rate of 37%. The purpose of this project was to determine attitudes

that interfere with completion rate of advance directives and to increase the number of completed advance directives by using a simplified Five Wishes Education Protocol in healthy community-dwelling elderly adults. A Five Wish educational intervention was completed at 3 Southwest Georgia (SOWEGA) senior citizen centers during a 3-month period. An Advance Directive Attitude Survey (ADAS) was completed prior to reviewing a 28-minute Five Wishes instructional DVD. A one month follow-up phone survey followed intervention to assess the number of completed Five Wishes and number of Five Wishes provided to physicians for medical records. Twenty-two subjects participated in the project. The completion rate of the Five Wishes advance directive increased from 13.6% (n=3) to 77.35% (n=17). In addition, 54.5% (n=12) of the sample provided copies to their primary care provider for their medical records. There were no significant between participant attitude and completion rate. The Five Wishes Education Protocol increased completion rates of advance directives (77%) and over 1/3 of the sample provided copies to their physicians.

33. Geriatric Education Centers as Community Partners

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

Arleen Johnson, PhD, Director, Ohio Valley Appalachia Regional GEC, University of Kentucky and Robert E Roush, EdD, MPH, Director, Texas Consortium GEC, Huffington Center on Aging, Baylor College of Medicine

Geriatric Education Centers (GECs) are federally funded catalysts for interprofessional geriatric/gerontological training of health care providers, as well as being community partners. This session highlights the core activities of all GECs, as well as special community-oriented initiatives by three based in the South. The OVAR/GEC is a consortium of the Universities of Kentucky, Louisville, Cincinnati, and East Tennessee State University that not only provides geriatrics training and resources but also national webinars on emergency preparedness for aging, standardized patients training, a rural telemedicine series on Alzheimer's disease, and training for health care providers who work with older farmers. The Texas Consortium GEC at Baylor College of Medicine's Huffington Center on Aging coordinates "Preventing Elder Investment Fraud and Financial Exploitation"(EIFFE), a collaborative of 26 states, the District of Columbia, and Puerto Rico that offers continuing education for clinicians to screen their older patients for risk factors that make elders highly vulnerable to being defrauded. Some 20 GECs and others help host these programs with local clinical presenters, with over 5000 health care providers trained so far. The Virginia GEC, which maintains a robust 160-hour Faculty Development Program to train health care providers so that they can influence and train their peers, also conducts Alzheimer's focused conferences for practitioners on assessment, treatment, family caregiving, disparities, and more. Presenters discuss opportunities for further community-oriented collaborations.

34. Connecting the Past and Present to Preserve the Future: Workshop on Writing Motherline Stories

Christine Davis, PhD, University of North Carolina at Charlotte

Regina Young, MA Candidate, University of North Carolina at Charlotte

"Motherline stories" is a term coined by Hope Edelman to refer to stories passed from mother to daughter from generation to generation that help form female identity in a family. Stories that women tell each other are lessons on life, and serve as the playbook for the lives of future generations. Other research has found that the passing on of family stories preserves the oral traditions and family histories and provides future generations with insight into the culture, society, and history of those whose stories are being told. Sharing our stories throughout generations gives our children a sense of the continuity of life; provides older adults with the therapeutic benefits of reminiscence behavior; and allows older adults and their families the opportunities to connect around their family stories. This "train the trainer" workshop will offer exercises and facilitation guides that participants can take back to help older adults write their life stories, and communicate these stories to friends and family. Using techniques and concepts from the fields of narrative writing, emotional recall, adult learning, and creativity, participants will learn how to engage older

adults in dialogic recall, reflective exercises, and narrative writing.

35. The Road to Medicare: Making the Transition to Medicare Eligibility a Smooth One

Jeanie Schepisi, Piedmont Area Regional Manager - Seniors' Health Insurance Information Program (SHIIP)

In this workshop session, attendees will learn how the transition to Medicare eligibility can be a smooth transition by reviewing and discussing "The Road to Medicare," a document produced by the North Carolina Department of Insurance's Seniors' Health Insurance Information Program (SHIIP). SHIIP is North Carolina's State Health Insurance Assistance Program, that was created in 1986 to assist persons with Medicare-related problems, questions and concerns. It is very important for everyone becoming eligible for Medicare to get accurate information about coverage and delivery options, including supplemental health insurance, Medicare health plans and prescription drug coverage. Attention to these issues will help you avoid serious and costly problems later. "The Road to Medicare" will help you map your journey to Medicare, highlighting roadblocks and warning signs along the way. Some road signs you need to watch out for are; Caution: Slippery Road Ahead "Ways to prepare for Medicare ", Green Light: "Enrollment When and how you need to enroll in Medicare", Detour:" Working Past 65" Information for beneficiaries who plan to work beyond age 65, "Which Way to Supplemental Coverage? " Choices in health insurance to supplement Medicare, Stop: Get Help "Resources for further information and assistance on the road to Medicare"

36. The Will and The Way: The Role of Goal-Directed Behavior in Future Care Planning among Older Adults

Jodi Southerland, DrPH, East Tennessee State University

Deborah L. Slawson, PhD, RD, LDN. Department of Community & Behavioral Health, College of Public Health, East Tennessee State University

Older adults are at increased risk for illness and functional impairment, factors which may intensify the need for assistance. Planning for long-term care needs is an important component of healthy aging. Yet, many older adults fail to make plans in advance, perhaps due to differences in personal characteristics. This study examines the association between trait hope and preparation for future care needs (PFCN) among older adult primary care patients. Participants completed a questionnaire on 5 dimensions of PFCN (awareness of risk, information gathering, decision making, concrete planning, and avoidance) and the Adult Trait Hope Scale (agency and pathways). Multivariate regression was used to examine the relationship controlling for personal characteristics. Multivariate models indicated that lower hope, particularly pathways thinking, was associated with more awareness; whereas, higher hopefulness was associated with increased decision-making and concrete planning. These findings indicate that the experience of hope facilitates goal-directed behaviors among individuals with higher hope but may deter planning among individuals with lower hope. Evidence-based programming that blends health-promoting behaviors and learned hopefulness may directly influence the experience of hope in older adults and therefore increase one's will and ability to identify ways to have health or care plans in place.

37. Defining, Measuring and Improving Person Centered Care in Nursing Homes

Beth Barba, PhD, RN, FAGHE, FAAN, University of North Carolina at Greensboro School of Nursing

Howard B Degenholtz, PhD, University of Pittsburgh and Judith Sangl, ScD Agency for Healthcare Research and Quality, US DHHS

Person Centered Care (PCC) is a philosophy embraced most popularly by the culture change movement that attempts to shift the focus of caregivers to the resident as a whole person. The goal is to address the individual's needs, goals and preferences in a way that respects identity and autonomy. While resident decision making and autonomy have long been part of the regulatory and clinical framework for nursing homes, embrace of PCC as a way to organize daily lives of residents is relatively new. The Advancing Excellence Campaign adopted PCC as a goal area and a working group developed an approach to adopt PCC practices as part of broader quality improvement. The working

group focused on resident quality of life (QOL) as the primary outcome, and on PCC as a routine part of assessment and care planning. The approach "enhances" sections of the MDS 3.0 that capture resident preferences for daily living and activities. A Root Cause Analysis tool was developed to identify barriers to meeting residents' preferences. The Advancing Excellence Campaign will make the tools available to participating facilities along with a spreadsheet that automatically calculates data for benchmarking purposes.

38. Correlation between Job Satisfaction and Employee Retention in Nursing Centers

Majisa Boyd, MA student, Georgia State University

The purpose of this paper is to examine whether lowered attrition rates and increased job satisfaction among direct care workers can be achieved by providing specialized training to CNAs, DONs and RNs. The findings of two data sets were examined in order to explore the correlation between the specialized training of CNA's, DON's RN's and job satisfaction and employee retention. I examined the Evaluation of a Workforce Development Intervention for Nursing Assistants in Nursing Homes which collected longitudinal semi structured interviews and survey data. The second data set was a longitudinal comparison and was retrieved from a state wide dementia-specific training collaborative, which was the result of a combination of three separate initiatives: The Virginia Geriatric Education Center, a person centered care training program developed by the Alzheimer's Association and a train the trainer program, funded by the Virginia Department for Aging. Providing specialized training on communication, employee selection, retention and human resource management for DONs and RNs can increase job satisfaction and reduce turnover among CNAs. Similarly training and educating CNAs on dementia training and injury prevention can have a desirable effect on patient care by increasing communication and functional capacity. These correlations can help transform policy initiatives.

39. The Impact of Medication Aide Use on Nursing Home Quality

Judith Walsh, PhD Candidate, UNC Charlotte

Sandi Lane, PhD Appalachian State University and Jennifer Troyer, PhD, UNC Charlotte

In 2006, North Carolina implemented legislation allowing nursing homes to employ medication aides. We consider 1) the effect of the law change on the use of medication aides and 2) the effect of the change in medication aide use on other staffing, deficiencies, and Nursing Home Quality Initiative (NHQI) health outcome measures. To capture changes associated with the NC law, data from 2004-2008 are used. Staffing levels and inspection deficiencies data come from Online Survey and Certification and Reporting System (OSCAR), and the NHQI data from the quarterly Nursing Home Compare. In addition to NC, data from Tennessee and South Carolina, similar states without medication aides, were used to control for industry trends. Instrumental variables models with facility fixed effects were estimated, controlling for unmeasured facility characteristics that were time invariant and accommodating the likely endogeneity of the medication aide variable. Results show that medication aide legislation led to an increase in the employment of medication aides and a reduction in the use of non-administrative registered nurses. We also find that the use of medication aides led to an increase in pharmacy deficiencies, while having a positive impact on the incidence of pressure sores, restraints, and urinary tract infections.

40. Differences by Gender and the Experience of Trauma in Depressive Symptomatology among American Indian Elders

Ebru Cayir, MD, University of South Carolina

S Melinda Spencer, PhD, University of South Carolina and R Turner Goins, PhD, Oregon State University

Depression is a major public issue in the older population, yet the majority of population-based studies has excluded American Indians (AIs) and even less research has focused on AI women. Given the lack of information on the relationship between trauma experience and depression among AI women, the purpose of this study was to determine how

gender and the experience of trauma influence depressive symptomatology among AI elders. We used data from the Native Elder Care Study, a community-based study of AIs in the Southeastern United States. The final analytic sample included 411 participants who were non-institutionalized tribal members aged 55 and older. Ordinary least squares multiple linear regression was used to examine how gender and trauma were associated with depressive symptomatology after controlling for age, education level, social support, and physical functioning. Although reporting trauma experience was associated with higher depressive symptomatology among women, this pattern was not observed among men. One factor that may explain gender differences in the trauma response may be the impact of traditional gender norms on women's experiences. Future research addressing mental health needs of older AI women is needed for the development of culturally and gender sensitive interventions.

41. End of Life Care among Older Russian Immigrants: Multiple Viewpoints and Preferences

Emily Hensley, Dept of HDFS / UNC Greensboro

S Sudha, PhD, Dept. of Human Development and Family Studies, UNC Greensboro and Dan Wang, PhD Student in Human Development and Family Studies, UNC Greensboro

According to the 2010 U.S. Census, there are approximately 42,000 people residing in NC who claim Russian heritage; a high proportion of whom have college education. Researchers need to examine how a population transitioning from a country of origin which was socialist and also had universal health care, shapes migrants' perceptions on enrolling in end of life (EOL) care services in the U.S. To study EOL care perceptions and preferences, we interviewed Russian immigrant seniors and middle aged children using survey and qualitative techniques. We also interviewed hospice staff regarding their policies and preparedness for seniors who are diverse in language, culture, insurance eligibility, and expectations of the health care system. Emerging findings indicate that a) EOL care is rarely discussed within the family of Russian immigrants ahead of time; b) Russian seniors do not seem to want any specialized EOL services often due to lack of awareness; c) hospice staff would welcome additional training to address needs of diverse clients. In general, adult children of immigrants are more likely to use EOL services rather than older immigrants. Therefore, results suggest a great need for community outreach among immigrant groups to raise awareness of EOL care services.

42. End-of-Life Preferences in Afro-Caribbean Older Adults: A Systematic Literature Review

Karen Moss, MSN, RN, University of Virginia

Ishan C. Williams, PhD, University of Virginia

African and Afro-Caribbean immigrants and their offspring are the fastest growing segments of the Black population in the United States. Research suggests that Black older adults tend to prefer more aggressive treatment as they transition towards the end-of-life. The world population of adults over the age of 60 years is set to double by 2050. With the cost of end-of-life care continuing to increase, this issue requires further investigation. This paper presents a review of the existing literature on the end-of-life preferences of Afro-Caribbean older adults. Eight databases were searched and 8 articles were included in the final review. Findings suggest that Afro-Caribbean older adults make end-of-life decisions with a significant emphasis placed on family structure, religion/spirituality, cultural identity and migration. Concerns with health literacy regarding the meaning of end-of-life preparation and hospice, are often viewed in ways that differ from that of healthcare providers. Future research is needed to investigate factors that impact this process. Appropriate guidance on the end-of-life care needs of this growing population could be more culturally engaging, respectful and apt to address the common challenges encountered during the end-of-life transition.

43. An Examination of Successful Aging among Southern Black and White Older Adults

Meredith Troutman-Jordan, PhD, PMHCNS, BC, UNC Charlotte

Mary A. Nies, PhD, RN, FAAN, FAAHB, Associate Dean/Director, School of Nursing, Idaho State University, School of Nursing, Boyd Davis, PhD, UNC Charlotte and Bonnie E Cone, PhD , UNC Charlotte

Obtain a regionally and racially sensitive understanding of successful aging. There is limited

successful aging research with minority older adults and those from certain regions of the U.S. such as the South have been largely overlooked. It is important to broaden our understanding of successful aging and learn whether disparities exist in Southern Black older adults' perceptions of successful aging compared to those of majority older adults. Focus group sessions with Southern Black and White older adults with questions on successful aging, using content analysis on the findings. Four central themes were found: connecting and relating; temporality; perception and interpretation; and activity. Participants believed being Southern had affected their aging, making them more resilient. Black participants had a fondness and appreciation for their Southern heritage and saw their past as a source of strength that they carried with them into older adulthood. White participants tended to be less descriptive about the influence of race or region on their successful aging. Beliefs and decisions about managing oneself through life events including health problems and disability may have a major influence on the trajectory of progressive, chronic illness, and consequently, successful aging.

44. Inviting a Patient's Perspective: A Case of an Older Transgender Person Receiving Cancer Treatment

Yulia Watters, PhD, Duke Cancer Patient Support Program

Cheyenne Corbett, PhD, LMFT, Duke Cancer Patient Support Program, Ben Weast, MA, LPC, NCC, CT, Duke Cancer Patient Support Program and Jennifer Harsh, MA, Duke Cancer Patient Support Program

Addressing the health needs of the older LGBT population, a recent report from the Institute of Medicine (2011) emphasizes the particular lack of findings pertaining to transgender individuals, specifically older members of this community. Attending to the rapidly emerging need to develop more culturally competent care for this under-represented population, this workshop will engage participants in reflection regarding the provision of care to a "hidden" sexual minority: the transgender community. A case report will be utilized to illustrate a patient's experience during the provision of cancer treatment at an interdisciplinary cancer facility. Presenters will use several conversations that took place with the patient during her treatment at the cancer center and will summarize the patient's experience in a concise case illustration. This presentation will contribute to the education of professionals in the field of aging by engaging the attendees in a conversation pertaining to the provision of health care to transgender patients.

45. Quality of Life Predictors: Differences among Recently Transitioned Populations

Kristi Fuller, MSW, Georgia Health Policy Center

For more than four decades, the provision of long term services and supports by Medicaid has relied heavily on institutional settings. The Money Follows the Person (MFP) demonstration program seeks to reverse the imbalance of care between institutional and community-based settings by providing supportive services that assist people in moving out of in-patient facilities and returning to their homes and communities. The Georgia Department of Community Health began enrolling participants in the program in September of 2008. MFP program participants complete a survey that assesses quality of life at three time points. We analyzed a subset of survey questions using a matched population (N=354) at baseline and one year post-transition to examine predictors of quality of life among different population groups. We find, overall, that older adults and people with physical disabilities experiences higher measures of quality of life than do people with developmental disabilities. Analyses are ongoing. Demonstration programs may need to tailor transition services according to the population served to increase quality of life post-transition.

46. Translational Research: Doing It Best In the Community for Caregiver Health

Laura Bauer, MPA, Rosalynn Carter Institute for Caregiving and Leisa Easom, PhD, RN, Executive Director, Rosalynn Carter Institute for Caregiving

Translational research drives the improvement of health for caregivers who are caring for the older adult population today. In clinical research, substantial headway has been made in developing interventions that result in improved caregiver outcomes. Translational research involves moving these positive outcomes to benefit individuals in a community while maintaining fidelity to the original research. This poster will portray the successful

experience of the Rosalynn Carter Institute for Caregiving (RCI) in identifying the elements that are necessary for taking an evidence-based caregiving intervention from a randomized control trial into community use effectively, and with fidelity. Over the past 4 years, the RCI has directed translational projects across the country utilizing the NIRN (National Implementation Research Network) model for evidence-based implementation in varied community settings such as hospitals, rehabilitation facilities, and aging services. Lessons learned from this unique experience plus best practices and tips for both clinical and practice researchers will be shared.

47. Dementia: A Guide to the Transition and Safe Living at Home

Kristin Alexander, Gerontology Program, Barton College

Peoria Wade, Barton College Gerontology Program, Brianna Wallace, Barton College Gerontology Program, Meagan Lilley, Barton College Psychology Program, Precious Johnson, Barton College Gerontology Program, Renee Kea, Barton College Gerontology Program, J Steven Fulks, PhD, Barton College Gerontology Program

Caregiving has become a normative experience in our society today, with the family providing more than eighty percent of the care received by older individuals. Even in the best of situations, the caregiving role often comes with little advanced notice, and the family may find itself bewildered as to what to do first, where to turn, and where to find the myriad of programs and services available. This project has produced a step by step guide for navigating the challenges of care giving, from the initial response to adapting the home environment to maintain a safe environment as long as possible. The resource is divided into six parts - communication, personal care, safe living at home, wandering behavior, activities, and resources.

48. New Directions in Policy Drive Programming

Carolyn Bird, PhD, AFC, RFG, North Carolina State University

Jacquelyn W. McClelland, PhD, North Carolina State University

In Cooperative Extension new nutrition guidelines have caused major programming modifications in nutrition and resource management education for limited-resource older adults. The 2010 Dietary Guidelines for Americans changed a number of nutrient recommendations for the older adult. The changes in sodium recommendations necessitated modifications to a highly effective dietary sodium knowledge and behavior change program, DASHing to Health. In 2011 the program was revised to address the sodium changes. Knowledge and behavior changes were evaluated using pre and post program surveys. Paired sample t-tests were performed to compare means and test for statistical significance. Program participants reported changing behavior in the areas of sodium consumption and food budgeting. Sixty six percent made positive behavior changes related to the key nutrition messages and 61% made positive behavior changes related to the key food budgeting messages. For example, 55.3% of participants reported they decreased their salt intake by using a salt replacement and/or rinsing canned vegetables. Even though the new regulations required a much more restrictive sodium level the program was effective in bringing behavior in alignment with guidelines on severely limited budgets. Programming is effective in addressing health issues in limited-resource older adults.

49. Medicare Dental Coverage Impacts Retirement Transition

Patricia Bonwell, PhD, Virginia Commonwealth University

Whether older adults get needed dental care is closely related to whether they have dental insurance. The need and receipt of dental services by new cohorts of older people differs from previous ones. In this study, Structural Lag Theory is used as the framework to investigate the effect of cohort membership on dental coverage and utilization at an academic medical center's dental clinics. Results

reveal that, for individuals age 65 and over, employer provided dental coverage is the most prevalent type of dental coverage. However, out of pocket funding is the primary source of payment for dental services. Using Chi-squared and logistic regression, examination of Cohorts (1-Greatest Generation, 2-Silent Generation, 3-Baby Boomer Generation) revealed that Cohort 2 has more dental coverage than Cohort 1, and Cohort 3 has more dental coverage than Cohort 2. Those with dental coverage spend more on dental services, and utilize more dental services. Many from Cohort 3 are in the workforce, increasing their likelihood of having employer provided dental coverage. Findings from this study confirm a structural lag in Medicare policy and its lack of dental coverage, implicating a severe impact on the retirement transition for members of the Baby Boomer Generation.

50. A Need to Study the Politics of Death and Dying.

Jeff Brooks, PhD, Fayetteville State University

There appears to be little academic discourse on the politics of death and dying while the political arena has instances of rhetoric. My is to begin to discuss the politics of death and dying. A failure of scholars to address important issue of dying in later life is a serious oversight. This poster covers recent US history including court cases, political activities and selected political rhetoric. Analysis helps to show we need to address death and dying and call for a subfield in the politics of death. Assessing events of past decades allows us to see the emergence of a polarized society taking positions on deaths in later life similar to abortions. There is a need for leadership using scholarly activities and advocating for policies. The conclusion of this poster is to show how far we have come in the politics and policy of death and dying. Best practice models do exist for how to deliver health care at the end of life and what might be called the right to die so we can shape the future evolution of quality of life issues in the area of death and dying.

51. Alzheimer's Disease through the Eyes of a Child: A Comprehensive Guide for Adults to Help Children Cope

Madison Cauley , Gerontology Program, Barton College

Casey Strickland, Barton College Gerontology Program, Autumn Pittman, Barton College Gerontology Program, Valarie Riddle, Barton College Gerontology Program, J Steven Fulks, PhD, Barton College Gerontology Program,

Caring for an older individual has become a normative experience within the family. Much research and interventions focus on the primary caregiver - typically the oldest daughter if not the spouse. Care giving is, however, a family experience, and few resources are geared towards offering perspective and assistance to children. This project created a handbook designed to help adults help their children. Because children see the world through different eyes than adults, they have specific needs when coping with the diagnosis of their loved one. This resource includes the impact on children, common reactions, recognizing difficulties, teenage specific issues, general tips and guidelines, engagement, what questions to expect and also a resource directory of recommended readings.

52. Grandma Lived in My Dining Room

Cathy Jo Cozen, BA, CG, San Diego County Longtermcare Ombudsman

After 8 years of living in my dining room, which became Mom's room, my 95 year old post polio mother moved to a traditional residence hotel; not a hotel operated RCFE or SNF with a caregiver. The success of this alternative provided me , the 63 year old primary caregiver with the opportunity to regain some control over my life and reduce primary caregiver stress. Objectives: 1. What differences if any, exist between this unique alternative senior housing situation and a traditional private care facility? 2. If differences do exist, what are they?

53. Communicating and Caring: Examples of e-training for Patient-Centered Dementia Care

Boyd Davis, PhD, UNC Charlotte

Mary Smith, RN, MBA, Central Piedmont Community College

The Problem: People caring for other persons with dementia don't always have time to take a course in how best to care. E-training offers the convenience of learning on one's own schedule. E-training materials are supported by graphics and videos, and provide interactivity. Users can link to additional materials on scientific evidence or best practices. Our new e-handbook, Communicating and Caring, emphasizes both best practices and evidence-based practices in dementia care communication. It targets family, nurse aides, geriatric aides, and home health care aides in home care settings. It is useful as well for staff in long-term care, assisted living and skilled nursing sites. The Demonstration of Approaches: This poster presents three vignettes from the handbook illustrating communication techniques during everyday activities. Each vignette includes why a technique works and a short summary of current research findings. a. The benefits of exercise. Walking and talking: what not to say. b. The benefits of reinforcing identity: Techniques for collaborating on a story, c. The benefits of technology for reminiscence therapy: Monogram booklets. Implications: Research-based findings can be translated into e-training, so that family members and staff can benefit more quickly.

54. Sound Ideas: Hearing Loss Prevention Education for Older Farmers

Kris Elliott, BSE, MS, University of Arkansas Division of Agriculture – Extension

LaVona Traywick, PhD, U of A Division of Agriculture

Hearing loss is a common occurrence in older adults; however, much of the noise induced hearing loss could have been prevented. Agriculture workers are in the top three occupations for noise induced hearing loss. Through the Arkansas AgrAbility program the Cooperative Extension Service teaches older adults that hearing loss is painless, progressive, and permanent, but it is also preventable. The major ways to prevent the hearing loss caused by loud noise is through turning down the volume, moving away from the noise, or wearing hearing protection. Hearing protectors are recommended whenever a person's hearing is exposed to noise levels that exceed a certain level and time. Sound is measured in units called decibels (dB). The noise level threshold in the workplace has been set at 85 dB for exposures longer than eight continuous hours. The louder the sound, the shorter the time before damage occurs.

55. Transitions in Life and Death

Deborah Farmer, PhD, Winston-Salem State University

Cecile N Yancu, PhD, Winston-Salem State University

A cross-sectional, qualitative, focus group study was conducted in churches in Winston-Salem, NC, during 2011 and 2012, for the purpose of exploring attitudes towards death and dying among older African Americans. Focus group questions asked about death experiences and conversations, a "good death," the role of suffering, helpful kinds of support, and when hospice and palliative care become a viable option. Transitions experienced by patients and families were a central theme: transitions from curative treatment to accepting death, from providing complete care to accepting help, and from this life to the next. Death, whether sudden or expected, among young or old, is a difficult topic. A peaceful death following a full life with a good relationship with God is a good death. Conversations about death should begin early and be ongoing. Suffering is humbling, brings families together, and is a natural part of the dying process. Recommended support and assistance include a listening ear, spiritual guidance, and provision of good, reliable care. Hospice becomes a viable option when the patient, doctor, and family agree. Study findings highlight the need to bring discussions and education about dying and death, hospice and palliative care, into the open and have them often.

56. Who Wants to Live Forever?: Correlates of Life-Extension Attitudes

Sean Halpin, MA, Veterans Affairs Medical Center, GRECC

Biological efforts to extend the human life-span have accelerated in recent years yet we know little about the public's attitudes towards life-extension. The Life-Extension Questionnaire (LEQ) was previously validated in two New York City samples. Exploratory factor analysis generated three replicated factors labeled Utopian Vision, Personal-Emotional Rejection, and Socio-Economic Burden. This study sought to further validate the LEQ in a sample drawn from Texas, New York, and New England (N=203, 75% female, Mean age= 59.4 years). A partial replication of the earlier factor structure was obtained "Socio-Economic Burden items merged with some of the Personal-Emotional Rejection items. Personality correlates of the LEQ" time perspective, death anxiety, and life-longings ("Sehnsucht") were also examined in this study. Positive feelings towards life-extension were supported by participants who indicated they held a limited time perspective. Negative attitudes towards life-extension, conversely, were expounded by those comforted by God and an after-life. Furthermore, persons who favored a pro-life cluster (against abortion, euthanasia, and suicide) were significantly more likely to endorse negative life-extension items. It is thus evident that the pro-life cluster cited above does not imply acceptance of experimental, biologically based efforts to extend the life span, even though the latter could be considered pro-life.

57. Trends in Post-Retirement Economic and Community Involvement among Older Adults

Hee Soon Lee, PhD, Bowling Green State University

Derek Mason, PhD, Bowling Green State University, Fleming Fallon, MD, DrPH, Bowling Green State University and Hans D Schmalzried, PhD, Bowling Green State University

By 2030, more than 70 million Americans (20% of the population) will be 65 and older. As a result of increased life expectancy (an average of 10 years since 1950), Americans are living longer (on average 25 years) after retiring. A growing number of the new generation of baby boomers will live their lives as a retiree. With this demographic change, society should be prepared to redefine the meaning of work for older adults. This study examined trends of paid work and volunteering among retirees in Northwest Ohio. Data was collected in 1999, 2008, and 2012. Demand for paid positions increased steadily from 1999 (5%) to 2012 (25%). Actually working in a paid position increased from 8.2% in 1999 to 21.8% in 2008, but decreased in 2012 (17.3%), likely reflecting increased competition after the global economic downturn and U.S. recession beginning in 2008. Volunteering increased steadily from 1999 (11%) to 2012 (28%). Women were more likely to volunteer (33%) than were men (20%). The findings suggest the existence of a large cadre of people seeking meaningful outlets for their time that should be of interest to selected industries and organizations.

58. Transitions in Dementia Care: Preliminary Assessment of a Dementia Training Program

Dena Shenk, PhD, UNC Charlotte

Kaitlin Stevens, BS, University of North Carolina Charlotte, Boyd Davis, PhD, University of North Carolina Charlotte and Cynthia Hancock, PhD, University of North Carolina Charlotte,

Allison Jensen, University of North Carolina Charlotte"

"Current efforts to improve care of people with dementia emphasize hands-on, person-centered care that focuses on what is retained rather than what is lost by an individual with dementia. Senior Helpers has developed a training program based on the approach of Teepa Snow, a nationally-recognized dementia expert. We are reporting on our assessment of the Senior Helpers' training program. The training program, Understanding Alzheimer's and Dementia: A Comprehensive Training for Caregivers is a 6-part curriculum which provides essential information about dementia, including coping strategies, techniques for behavior challenges and communication tips. Each part of the curriculum includes a DVD segment, a discussion, activity and wrap-up. We developed and selected tools to evaluate the effectiveness of the curriculum and conducted a pilot test of the training program based on the Kilpatrick Model of Training Evaluation at an assisted living community for people with Alzheimer's and related dementias in Charlotte, N.C. The assessment incorporated three levels of evaluation:

1) reaction to the training, 2) gains in learning and 3) behavior based on an ecological scan of the special care community before and after the training. We will report on the results of the assessment.

59. Older Adult's use of Complementary and Alternative Medicine for Circulatory Conditions

Elizabeth Tait, PhD, Western Carolina University

Marianne Hollis, PhD, RN, Western Carolina University

Half of adults ages 50+ in the United States use complementary and alternative medicine (CAM). Relatively little is known about CAM use by older adults for circulatory conditions. Using data from the 2007 National Health Interview Survey and its CAM supplement, we examined specific CAM used by adults ages 50+ who reported having circulatory conditions. Descriptive and logistic analyses accounted for the survey design, and were weighted for national representativeness. Controls included age, ethnicity, education, marital status, income, health insurance, body mass index, health behaviors, comorbidities, and region. Participants representing over 49 million older adults reported having circulatory conditions. Of these, a group reprsenting16 million said they used CAM because a health care provider recommended it. In adjusted results, adults with a circulatory condition whose providers recommended CAM were more likely to use CAM (odds ratio, OR 1.38, 95% confidence interval, CI, 1.21-1.59). Those with circulatory conditions were much more likely to use CAM to address their condition (OR 3.13, CI 2.33-4.21). Several herbal and dietary supplements used may have adverse interactions with conventional medications for heart disease. Medical providers need to be aware of this trend and transition into taking time to asking their patients about CAM use.

60. Incorporating Athletic Training Techniques in Daily Exercise Programs: Specific Recommendations for Retirement Communities

Haley Todaro, Athletic Training Education Program, Barton College

J Steven Fulks, PhD, Gerontology Program, Barton College

With the continued increase in the older population, the number of housing options has grown significantly over the past three decades. Assisted Living residences and Continuing Care Retirement Communities have become commonplace. The benefits of physical exercise are well known, and have been specifically linked to improved mental health, even incorporated into dementia care settings. Activity and exercises programs remain an integral part of the programming offered in virtually all housing alternatives. Many of the programs rely on traditional exercises based on simple movements geared towards a generalized population. Incorporating athletic training concepts increases the benefits of these exercises through reducing injury risks, the rationale for specific exercises, and proper techniques of those exercises. Therapeutic exercise restores range of motion following surgery and reducing risk of falls is included in this presentation of augmenting existing programs. This presentation represents the integration of gerontology with athletic training education to improve exercise programs conducted in a variety of settings. Specific examples and guidelines are included in this presentation.

61. The Design and Implementation of Balance Interventions in the Aging Population

Lindsay Toth, Department of Human Performance and Health Education, Western Michigan University

Kristy Lievense, Fitness Management, Barton College and Steven Fulks, PhD, Gerontology Program, Barton College

As individuals age, changes in vision often occur which may reduces static and dynamic balance capacity. Declines in contrast, acuity, depth perception, and overall sight, in cases of glaucoma or macular degeneration, reduce feedback cues used by the nervous system to constantly update spatial

awareness. Due to declines in balance, aging individuals often have an increased risk and fear of falls which may limit mobility. `When mobility is compromised, daily physical activity decreases and a myriad of negative health effects arise from a sedentary lifestyle. Muscle atrophy and increased fat-mass, due to lack of physical activity, act as confounding factors along with decline in visual feedback to worsen balance deficits. Engaging in regular balance training is shown to restore postural stability and thus, is able to increase the quality of life for aging individuals. This presentation suggests how gerontologists and allied health professionals can work together to design and implement balance interventions in the aging population. Specific interventions are offered for consideration.

62. Low Back Disorders: Injury Prevention and Risk Reduction

Jessica Vincent , BS, Med, University of Arkansas Division of Agriculture Cooperative Extension Service

LaVona Traywick, PhD, University of Arkansas' Division of Agriculture Cooperative Extension Service

Low back disorders (LBD) can limit the normal use of the back. The lumbar region of the vertebral column, or the lower back, consists of five vertebrae that support a large portion of a person's weight. In addition, a majority of a person's spinal movement also occurs in this region. The lumbar region is responsible for movements such as bending (flexion and extension) and twisting (rotation to the left and to the right). When excessive stress is put on this region, injury or discomfort can occur. Several factors can increase a person's risk for developing a LBD. These factors include, but are not limited to, daily living practices such as sleeping, standing, and sitting, and physiological factors such as waist circumference, range of motion, and muscular endurance. However, many LBDs are preventable and evidence has shown the risk for developing LBD can be decreased through stabilizing approaches such as modified daily living practices and exercises that are specific to the trunk and the core.

63. Memory Banking: A Life Story Intervention

Amy Hosier, PhD, University of Kentucky

Brian Downer, John Watkins and Faika Zanjani

The Memory Banking intervention is a life story/health history program designed to address mental health, social support, brain exercise and legacy. The program is unique because subjects participate in pairs to not only document and share their history, but they are also asked to examine their future dreams, aspirations, plans and decisions. Through eight Memory Banking workshops, the following aims were tested: (1) create and test the curriculum; (2) utilize Extension services for train-the-trainer translation/dissemination; and (3) use preliminary data to improve the intervention and move curriculum into a technology-based format. Using directed qualitative content analysis with program evaluation responses from 72 participants, Memory Banking proves to be an effective intervention that educates participants on the importance of documenting and sharing a life story and health history especially in a caregiving context. This program also exemplifies positive collaboration between the units of a Land-Grant University.

64. Transitions in Care: The Relationship between Better Care and Better Jobs for Direct Care Workers

Jennifer Craft Morgan, PhD, Georgia State University

Candace Kemp, PhD, Gerontology Institute, Georgia State University, Cherie Rosemond, PT, PhD, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill

The Affordable Care Act has impacted health care organizations and how they structure care for persons as they transition between settings. This emphasis on care during transitions is particularly important for older adults and those at the end of life. Direct care workers (DCWs) currently provide 80-90% of the formal care of older adults in residential settings and substantial proportions of the care in home settings. Strengthening our direct care workforce is key to improving the experience of care as people move among settings. In this symposium, we will present three papers focused on envisioning future efforts to improving care through workforce

development for DCWs. The first paper will discuss key factors in Assisted Living that have the potential to influence the quality of care in transitions and direct the audience to areas for further research/development (e.g. care partnerships, competency development). The second paper outlines the job quality issues for home health and home care workers (e.g., hours, pay, benefits) and identifies areas for job quality development. The third paper attends to the unique issues encountered in hospice and palliative care settings outlining key competencies and future roles for the direct care worker in improving quality of care during end-of-life transitions.

65. A Statewide Approach to LGBT Inclusion for Aging Networks

Douglas Carl, BS, Georgia Department of Human Services, Division of Aging Services

The network of publicly funded aging services is intended to create a baseline safety net for older adults, with an emphasis on those most socially and economically vulnerable. Access to these services is often non-welcoming or non-accepting of Lesbian, Gay, Bisexual, Transgender (LGBT) older adults. Best estimates predict that at the height of the aging boom (2010-2030), the population of LGBT elders will range from 2 million to 7 million. Greater education and awareness of this often hidden and underserved elder population is needed. States have an opportunity to serve as catalysts to promote and insure LGBT cultural competency training is made available to the broader aging network. The Georgia Division of Aging Services (DAS) has adopted this role and a systematic delivery approach. DAS' ability to engage multiple State agencies and systems including Adult Protective Services, Ombudsman, Medicaid/Medicare Surveyors, ADRC staff, and Area Agencies on Aging has prompted a state-wide systems response to addressing the needs of LGBT elders. Session Objectives: 1. to discuss the challenges and barriers facing LGBT elders, 2. to explain the importance of the State's role in creating systematic change, and 3. to define strategies that promote greater inclusiveness within aging networks

66. Caregiver Burn Out: The Silent Work Place Crisis

Patricia Fletcher, BA, MA, MS, Elder Care Buddy

This workshop will review key statistics that validate the need for employers to develop policies and workplace options for working caregivers. Nearly 10 million adult children over age 50 â€"nearly a quarter of U.S. adults â€"care for aging parents or older adults. The number has tripled in the last 15 years. Some employees find their eldercare responsibilities require so much time they can't perform their jobs as expected â€" or even keep their jobs. The burdens to caregivers or those who manage the care of aging loved-ones force many employees to reduce hours, disrupt work to handle crises, quit work, or be fired for absenteeism, often due to their own stress-induced illnesses. For businesses, this translates into higher medical care expenses, as well as losses in productivity, experienced employees, and a positive work environment.

67. Uncovering the Hidden Crime of Sexual Assault and Molestation within Nursing Homes

Lillian Jeter, Med, Clinical Counseling, The Citadel

Not only are incidents of sexual assault/molestation of older, vulnerable victims in nursing homes hard to recognize and subsequently identify but what exactly are the procedures, policies, ethical dilemmas, and reporting mandates that administrative and front-line responders will face in taking the first steps? Using actual case studies, this presenter will give the audience a greater understanding of why these crimes occur, why the incidents are not always made public or even reported, why the victimization continues, and when reported, what are the monumental obstacles facing responders/administrators from the onset of the case through to prosecution. With 27 years of studying elder abuse incidents, this presenter's objectives are the following: 1. To analyze the causes for victimization and offer solutions on how to reduce same through proper response and preventive measures; 2. To educate the audience in ways to prevent sexual assault/molestation through better hiring practices, more open lines of communication as well as involving family members as observers/reporters; 3. To open up the channels

of communication on this taboo subject of older vulnerable victims of sexual assault and to further research these types of cases to bring about a better understanding of causation factors as well as preventive measures.

68. Friendship and Happiness in the Third Age

Rebecca Adams, PhD, UNC at Greensboro

Emily M Taylor, BA, UNC at Greensboro

Multiple theories of well-being posit a positive relationship between friendship and happiness, and research has consistently confirmed this connection across multiple age groups. Although historically some theories of successful aging have also predicted a positive relationship between these concepts (e.g., activity theory, continuity theory), others have not (e.g., disengagement theory). In this presentation, we synthesize the research literature on friendship and happiness (e.g., life satisfaction, positive affect, subjective well-being) among older adults. After describing the major instruments that have been used in studies of older adults to measure concepts related to happiness, we will summarize the findings from studies using each one. We will then summarize what is known about the relationship between friendship and happiness among older adults in various contexts (e.g., international, regional, sub-cultural, and ethnic) and with different characteristics (e.g., gender, income). We will end by discussing the practical implications of this literature and future directions for research.

69. The Culture of Widowhood: Negotiating Intimacy in Assisted Living

Christina Barmon, MPH, Sociology Department, Georgia State University

Elisabeth O. Burgess, PhD, Gerontology Institute, Georgia State University, Alexis A Bender, PhD, Behavioral and Social Health Outcomes Program (BSHOP), Army Institute of Public Health

Objectives: This study explores how dating, intimacy, and repartnering are negotiated among residents in assisted living (AL) settings and examines how the role of widowhood influences these relationships. Methods. This study uses qualitative data collected from 2009 to 2011 from six AL communities varying in size, location, and resident characteristics. Data collection methods included participant observation, focus groups with direct care staff, and in-depth interviews with residents, administrators, family members, and AL staff. Data were analyzed using the principles of grounded theory method. Results. Widowhood is more than just a life course stage or transition. The complexity of widowhood and its influence on repartnering is captured by our core category, the culture of widowhood, which offers an explanatory framework for understanding the interplay between the desire for relationships and the ability to establish relationships within the context of AL. The culture of widowhood is comprised of three dimensions “sanctification, shared identity and social control” which are reinforced by the pattern of resident and staff characteristics. Discussion. Our explanatory framework reveals the dynamic and variable nature of the culture of widowhood and how it influences residents’ ability to engage in dating, intimacy and repartnering in the AL setting.

70. “Our Members are Growing Up!” Constructions of Aging in a Lifelong Learning Institute

Summer McWilliams, MS, Florida State University

Scholars examining age identity have drawn attention to the distinctions between chronological and felt age, gender differences in subjective descriptions of age, and labeling as middle-aged or older. However, few examine how older adults construct experiences of aging. This paper uses ethnographic research in a southeastern lifelong learning institute including observations over five semesters, interviews with twenty-nine members and two staff, and content analysis of program materials in order to understand the ways that members discuss aging, in particular variations by gender. Retirement provided older adults the opportunity to organize their lives how they wanted, but women focused on staying active, while men saw more value in taking things slowly. Both men and women were conscious of the facts associated with aging and desired to take advantage of being healthy. However, men were likely to mention their own experiences with aging, while women focused on the difficulties of their peers. In fact, women were much more likely to make a point of distinguishing themselves from the “elderly.” Men were more likely to poke fun at the stereotypes of aging through jokes. These findings

highlight how older adults personal constructions of aging processes carry implications for challenging or maintaining ageism.

71. Higher Education Gerontology Syllabi Development: Documentation and Measurement

Rosalie Otters, PhD, MSW, DMin, University of Arkansas at Little Rock

Higher education gerontology/geriatric programs in the early 21st century have an important but as yet, unrealized, responsibility in educating social, political, and economic perspectives in a time of great change. The first step toward such an educational transition must be curriculum development and accreditation. Written course documents must clearly define and measure core competencies and practices that the successful student will attain. While it is acknowledged that no one curriculum will encompass all higher education programs, at present there is a lack of even examples for programs to use as templates. Such documents must be comprehensive and up-to-date, build on the strengths of older adults as well as the students and broader community, develop student experience through service-learning and internship opportunities, be competency-based and measurable. A list of graduate certificate competencies and practice behaviors, inserted into five core course syllabi as well as gerontology electives will be discussed. These have been developed by mapping curriculum to competencies using Frank & Damron-Rodriguez, the Council on Social Work GERO-Ed Center list of competencies and practice behaviors, plus competencies inferred from trends in technology and environmental development. Well-developed written course documentation can point the way toward successful gerontological implementation.

72. Grandparents Raising Grandchildren: The Influence of a Late-Life Transition on Occupational Engagement

Dory Marken, PhD, Eastern Kentucky University

An identified increase in the number of grandparent-headed households causes concern as grandparents take responsibility for a grandchild's health and safety with risk to their own well-being. There is a lack of information describing the daily routines of custodial grandparents in general, and no specific report of the way late-life parenting shapes occupational engagement. This study examines how raising a grandchild influences a grandparent's enjoyment and opportunity for leisure, home management, self-care and social participation. Six grandfathers and five grandmothers over age 60 with full responsibility for raising one or more grandchildren participated in the study. Participants provided demographic information, completed the

SF-36 v2 and Activity Card Sort, and responded to in-depth interview questions surrounding the nature of late-life parenting. The correlation between self-perceived health [SF-36 v2] and quotient of activities retained over time [Activity Card Sort] was clarified through analysis of participant interview. Results indicated the number and age of grandchildren in the household and the intensity of a grandchild's behavioral needs limit grandparent engagement in desired activities, while health buffers the effect of caregiving and allows fuller participation. Grandparents identified the need for trusted family members to provide respite so they could rest or pursue retirement travel plans; however, the option was seldom available.

73. Content Analysis of Rural and Urban Differences in School Official's Concerns Regarding Grandparents Raising Grandchildren

Tina Peterson, PhD, Western Kentucky University

Cathy B. Scott, PhD, University of Tennessee, Chattanooga,

Increased attention has focused on grandparents raising grandchildren. In this caregiving role, grandparents face transitions such as navigating school related issues. Given that many grandparents may have completed school years ago, the challenges associated with raising a school-aged grandchild can be overwhelming. Though school systems are often viewed as supportive resources, little is known about the concerns school officials have about grandparents of school-aged grandchildren. An electronic needs assessment survey was administered to school officials in a southern state. A content analysis was performed on a subsample of 63 participant responses to determine rural and urban differences in the biggest concerns that school officials have about

grandparents raising grandchildren. The results showed that urban school officials were most frequently concerned about the grandparents family resources, parenting and behavioral issues, and health status. However, rural school officials expressed frequent concern with generational differences between the grandchild and grandparent, health status, and parenting and discipline issues. These findings suggest a need to provide education and support to school officials to help support transitions grandparents face in raising school-aged grandchildren.

74. A Review of Grandparents A Review of Raising Grandchildren in Rural Areas

Joyce Shepherd, PhD, Henderson State University

This paper will examine the profile of grandparents raising grandchildren. The impact that parenting responsibilities have on the psychological well-being of grandparents raising grandchildren is a concern in America. This change and transition suggest that these grandparents are experiencing problematic levels of stress as well as changes in both intimate and social relationships. The title of this paper is "A Review of Grandparents Raising Grandchildren in Rural Areas." According to attachment theory, the actions of the attachment figure are guided by the caregiving behavioral system (Bowlby, 1969/1992 and Poehlmann, 2003), which develops in parallel with the attachment system (George& Solomon, 1999; Solomon & George, 1996). Poehlmann(2003) states, "because caregiving involves a transition from being protected to providing protection, caregiving has been conceptualized as the culmination and transformation of earlier attachment experiences that allows multiple influences, including contemporaneous ones, to exert effects (George & Solomon, 1999)." Caregiving also involves striking a balance between protecting the child and pursuing other personal goals (Solomon & George, 1996)). This paper will present finding from a research project to address a variety of challenges for grandparents raising grandchildren.

75. Homelessness: The New Life Transition for Older Adults

Jay Poole, PhD, UNC-Greensboro

Fran Pearson, RN, MSW, LCSW, UNC-Greensboro

Older adults have long faced unique challenges in accessing high quality, affordable health care, obtaining costly medications and coping with issues regarding grief, loss, and depression. However, the unrelenting economic downturn of the past four years has created a newly identified acute service need for aging adults, specifically permanent housing. The Congregational Social Work Education Initiative [CSWEI] and its two primary community partners represent a creative, innovative, collaborative service model designed to meet the complex, multifocal needs of this burgeoning population group. CSWEI is a joint social work field program for graduate and undergraduate students who work in close partnership with Cone Health System's Congregational Nurse Program [CNP] to create a health and mental health care team. These two programmatic entities are co-located at the Interactive Resource Center [IRC], a community organized day program for individuals without permanent housing. Since commencing services in January 2009, the IRC has served an increasing number of older adults requesting housing services. This symposium will identify the number of aging clients impacted, describe some of their needs, explain the service model utilized, and outline how services are coordinated and evaluated.

76. Grandparents in Transition: Returning to Parenting One More Time

Luci Bearon, PhD, North Carolina State University

Tina L Peterson, PhD, MSW, Western Kentucky University, Suzanne LaFollette-Black, BS, AARP-North Carolina,

Increasing numbers of grandparents' over 2.75 million according to recent American Community Survey data--are taking on the primary responsibility for raising their grandchildren due to the substance abuse, physical or mental illness, divorce, economic hardship, military deployment, or death of the biological parent(s). Returning to parenting can be a significant life transition in midlife or later life,

sometimes an unexpected U-turn, with ramifications for grandparents' health, economic well-being, marital and other family relationships, work life, retirement plans, and identity. Grandparents often must master a steep learning curve in order to find the support and resources they need to raise this new generation of children. Whatever the circumstances, grandparents find themselves transitioning to family roles that seem familiar but different from their earlier parenting experiences. In this workshop, attendees will learn about and be able to (1) identify and discuss relevant concepts and research findings on transitions among grandparents raising grandchildren; (2) apply the concepts to specific challenges associated with school-related issues, (3) describe some resources to assist grandparents in their transitions; (4) share information on research studies, programs and services available in different states.

77. The Aging Latino Population: Meeting the Service Delivery Challenge

Jim Mitchell, PhD, East Carolina University

The literature on older Latinos focuses upon care giving dynamics and family care with an emphasis upon dementia. Study samples are drawn largely from established Latino populations in cities and communities along the U.S.-Mexican border. This presentation focuses upon the implications of an immigrant Latino population in Eastern NC that is rapidly growing yet soon-to-age while becoming occupationally established and increasingly integrated into the social fabric of communities. In the midst of lingering perceptions that the regional Latino population is composed predominantly of young males, this presentation describes a data-based 29-county initiative to, first, inform Latinos aged 45 and over of available services. Second, survey data describing aging Latino's socioeconomic characteristics, informal assistance and awareness and use of formal services, and multidimensional health profile will be integrated into state and regional planning processes guiding home and community-based service provision and institutional long-term care. The initiative will be carried out through an academic-community partnership including university investigators, the Association of Mexicans in NC, Inc., four Area Agencies on Aging, the NC Division of Aging and Adult Services, and NC AARP.

78. Realizing Excellence, the Possible Dream for Teens and Seniors at-risk

Gail Sonnesso, MS, GEM Adult Day Services, Inc.

Angelo Sonnesso, MA, MS GEM adult Day Services, Inc.

There are 1.4 million young caregivers (ages 8-18) of people with dementia, and 5 million seniors with dementia. Caring TEENs addresses both seniors with dementia and at-risk teens using active games, chair exercise classes and music enabling both to excel. At-Risk teens are defined as at risk due to: Teens with Developmental disabilities Special students programs in the School) Teens that have gotten into trouble with the law (Teen Court) Teens that have been suspended from school (Project Rebound) . At Risk Seniors are defined as people in the mid stages of dementia. Procedure: Train TEENS in dementia care using Accepting the Challenge of providing the Best Care for people with dementia, developed by ALZNC DVD with quizzes. Teach teens active games with accommodations for people with dementia such as bocce ball, basket ball, corn hole and ring toss. Teaching Teens to lead and involve people with dementia in an exercise class developed expressly for people with dementia .Teaching Teens to actively engage people with dementia during a music program. Benefits for teens: self respect & emotional intelligence improved. Benefits for seniors: validation and success despite dementia

79. Baby Boomers at Medicare's Doorstep: Surprises Await Them

Janet Henning, PhD, North Central Texas Area Agency on Aging

Baby Boomers are living longer than previous generations but have not adequately planned for health costs they may incur during a long retirement. And, they are unfamiliar with the health benefits they will receive from Medicare. The presenter developed a survey that resulted in 209 responses from public-sector working Baby Boomers in North Central Texas. Analytical software was used to review the relationships among selected variables. Results show that even though retirement is getting closer

each day, working Baby Boomers are more likely to seek information about retirement than to take steps to actually prepare for retirement. Survey participants were asked about two retirement-planning purchases: annuities and long-term care insurance. Data analysis shows no link between retirement-planning activities and age, gender, household income, marital status, health and education. Only advancing age was shown to influence efforts to learn about retirement preparation. Health-benefits knowledge and retirement-planning decisions will have a profound effect on the cost and delivery of future health services. Because current retirement-planning efforts often focus on investment strategies, rates of saving, and types of assets, the aging network has an opportunity to provide education about long-term services and supports that will help Baby Boomers face the future proactively.

80. Historical and Comparative Perspectives on the Transition from Work to Retirement

Victor Marshall, PhD, University of North Carolina at Chapel Hill

In the beginning, retirement was so rare that it can hardly be said to exist. However, it developed as a social institution from the late nineteenth century and continued to evolve. This paper highlights changes in the timing and the nature of retirement by comparing the development of retirement as an institution in the United States with its development in Canada and Europe. Early theorizing by aging and life course theorists such as Leonard D. Cain, Jr., Matilda White Riley and Martin Kohli posited the existence of a “tripartite life course” with clear differentiation between the periods of preparation for work, work itself, and retirement. Retiring “off time” versus “on time” became a topic of gerontological study. However, current research demonstrates both great variability across societies in the timing of retirement and variability in the extent to which there can be said to be a precise time for retirement.

81. Boomers' Financial Readiness, Not Age, Drives Retirement Options

Karen Moldt, MBA, University of North Carolina at Greensboro

Current surveys of middle income boomers show that about three-quarters surveyed report that they plan to work more years before retirement because of a lack of financial readiness. Many boomers also indicate that financial need will force them to work during retirement. Insufficient retirement savings and financial losses from the Great Recession are driving boomers to report that financial readiness, not age, is driving when or if they believe they can retire. Boomers' perspectives are then contrasted with analysis from retirement experts who report that boomers are under-estimating the funds needed to retire, especially the amount of health care savings required. The critical, unanswered question remains who will employ those boomers who need to keep working longer before retirement or even during their retirement years. Boomers may need to embrace entrepreneurship in order to remain employed given the lack of opportunity in corporate America and the low wages in the service sector. Encore careers that combine social purpose and some income may be one solution although the pay appears to be relatively low and the transition from a traditional career takes about 18 months, often without pay during that period.

82. Resilience as a New Norm: Growing Older in a Time of Economic Turbulence

Yulia Watters, PhD, Duke University Health Systems

Jacquelyn Browne PhD, LCSW, Nova Southeastern University, Program Director

The growth of the senior population continues against the backdrop of ever-changing political climate and economic instability. In the presented qualitative study, the researchers sought to understand the lived experience of growing older during a time of economic turbulence. The researchers chose the phenomenological approach, which offered an opportunity to examine the essence of participants experiences following the first election of Barak Obama as President. Participants were asked a series of open-ended and follow-up questions that guided the interview process. The

purposive sample reflected a common quality of resilience. This psychological construct that includes sociological factors, points to strengths that can mitigate some of the negative aspects of aging in our culture. Paying attention to resilience and factors that comprise resilience has implications for improving both perceptions and services in the aging field.

83. Evidence-Based Practice in the Prevention and Management of Falls: A Guide for 21st Century Clinicians and Educators

Myra Owens, PhD, Virginia Center on Aging / Virginia Commonwealth University

Constance L Coogle, PhD, Commonwealth University, Virginia Center on Aging

Participation in the Virginia Geriatric Education Center's evidence-based practice program in falls prevention and management was open to all professionals and paraprofessionals working at a Program of All-inclusive Care for the Elderly (PACE). Participants completed 24 hours of training designed to improve care processes and patient-centered outcomes. The collaboratively-developed interdisciplinary curriculum was delivered in six learning modules covering the evidence base related to defining falls, identifying risk factors, performing assessments, implementing interventions, and refining plans of care. Evaluation efforts employed qualitative and quantitative documentation of results. Training outcomes included improved assessment procedures and better coordinated care through early, proactive interventions. Medical charts audits to document practice change indicated that physical therapists significantly increased documentation of post-fall risk assessment (34.6%, p)

84. The Evaluation of an Exercise Program for Older Rural Adults

Luis Paschoa, UNCW

Candace Ashton, PhD, LRT/CTRS, UNCW, College of Health and Human Services

Rural older adults tend to face obstacles regarding physical disability and mobility, lack of affordable and accessible transportation, social isolation and opportunities to participate in organized fitness activities, thus may find healthy active living a challenge (Shores, West, Theriault, & Davison, , 2009). The purpose of this study was to evaluate an exercise program for older adults in a rural community in NC. The program focused on walking and chair exercises to reduce sedentary behaviors and the problems caused by such behaviors, and are specifically designed to (a) increase knowledge of the importance of an active lifestyle, (b) increase physical functioning, (c) to increase positive social interactions with peers, and (d) satisfaction with the program. Seventeen older adults (60-80 years of age) completed a 9-week, 18-session exercise program at a rural municipal recreation center. All the intended outcomes of the program were met. This session will present the findings of the evaluation and provide directions for developing and implementing an exercise program for rural older adults.

85. Depressive Symptomology Management and Falls among Middle-Aged and Older Adults

Lindsay Prizer, MSW, LCSW, The University of Georgia

Matthew Lee Smith, PhD, MPH, CHES, The University of Georgia, Jeff Housman, PhD, MCHES, Texas State University, Marcia Ory, PhD, MPH, Texas A&M Health Science Center

The purposes of this study were to identify sociodemographic variables, health indicators, and behaviors associated with middle-aged and older adults: (1) depression/anti-depressant medication status and (2) frequency of falls within the previous 12 months. Using data from the 2010 National Social Life, Health, and Aging Project, 2,029 cases were examined. Multinomial logistic regression was performed to compare factors associated with participants' depressive symptomology and anti-depressant medication use (i.e., combination of those with/without depression and using/not using anti-depressants). Another multinomial logistic regression was performed to compare factors associated with fall frequency in the previous 12 months. Results indicate participants who reported three or more falls in the past 12 months were significantly more likely to have depression and/or be prescribed anti-depressant medication, relative to participants who reported no depression and no anti-depressants.

86. Are You Older Than Dirt? Let's Talk About Normal Aging!

Priscilla Pittman, MSW, MA, Alzheimer's Arkansas Programs & Services

This is factual, but humorous presentation examines the human aging process. Beginning with prenatal care, our continuum encompasses the environment, genetics, parental care, personal choices, and good luck. Participants may utilize data included to map their body mass index, possible life span and the bag they drag. What is normal aging; the word normal is its own discourse. We will discuss use of a Genogram to trace an individual's genetic blueprint and examine how lifestyle choices might impact their aging? What makes a choice unhealthy; many find this question subjective. In addition, the environment could be a negative aspect impacting our health. Our field of employment, plumbing in our home, Teflon, and the chemicals we spray or lather on to our body may inspire caution. But the physical body is impacted by aging; what can we do to alter the impact or improve our quality of life? Diet, exercise, mental stimulation, stress management-research documents many paths that can push back the onset or eliminate the impact of some genetic illnesses. But why do we remain stuck and unwilling to adopt change-let's talk!

87. Gerontology in the Primary Grades: Teaching about Aging through Kids' Books

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

Aging is a complex process of remarkable variability. Children deserve to be exposed to this mix so that their expectations of others and for their own aging are not narrow or constrained. The presenter has developed and presented in classrooms, over many years, a primary grade unit on aging containing six stand alone modules that use children's literature as a medium to introduce basic concepts of gerontology, including individuation, the life course, and transitions. The children's books classified as JP, E or ER, are currently in active circulation in city and county library systems, are a mix of humorous, fantastical, realistic, and serious stories, and are, of course, illustrated. This unit does not attempt to replace negative stereotypes and attitudes with positive stereotypes and attitudes. Rather, the intention is that children will see growing older as another broad period of potential growth and change. The modules within this unit are intended to address children's understanding of the processes of growing older; assignment of behaviors to people who grow old; and affective feelings toward elders and their own aging. The presenter will distribute a list of 120 or so children's books, annotated and referenced to the gerontological principles in each of the six modules.

88. The Transition Matrix, a Measure of Change in Status of Residents and Clients in Nursing Homes and Other Long-Term Care Settings

Mark Krain, PhD, University of Arkansas at Little Rock

Attendees will construct and interpret a transition matrix measuring the change in the distribution of residents or clients over multiple statuses (e.g., levels of functional impairment, or levels of client need for assistance, etc.) over a specified time period (e.g., six months, or a year). The transition matrix is a technique for quantitatively summarizing transitions involving many residents or clients in long-term care settings among multiple statuses having effects on monetary and employee time costs of providing care or of intensity of services. The idea of change between statuses includes answers to such question as: how many clients improved greatly, how many improved moderately, how many stayed the same, how many got moderately worse, and how many became a lot worse? This methodology is intended for administrators, planners, and evaluators. It is useful in analyzing changes in case mix, or effects of specified interventions, or comparisons of change over time or between similar LTC institutions.

89. Relational Paradigm in the Field of Aging: Educational Toolbox for Gerontologists

Yulia Watters, PhD, Duke Cancer Patient Support Program

Tommie V Boyd, PhD, LMFT, Nova Southeastern University, School of Humanities and Social Sciences, Department of Family Therapy

The phenomenon of aging is multidimensional, as it includes physical, psychological, social, and spiritual

aspects. It is also multisystemic, as it involves the individual, the family, and the whole community. Therefore, an application of the relational paradigm seems to be appropriate as a therapeutic and educational approach in the area of aging. The field of marriage and family therapy, founded on the premises of systems thinking philosophy, was historically geared to provide services to children and their families. Responding to the demands of increasingly visible aging population, family therapists were faced with the necessity to reexamine these historical roots and develop new applications of relational ideas specifically for older adults. This workshop will introduce training based on the premises of systems thinking provided in the framework of an interdisciplinary master's degree in gerontology. The presenters will provide concrete course work examples and illustrate the unique contribution of system-based approaches to the training of future leaders in the field of gerontology.

90. Study of an Aging Population: Housing and Independent Living Service Options in the City of Herman, Minnesota

Farah Gilanshah, PhD University of Minnesota-Morris

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

91. Aging- and Participating-in-Place: A Multi-Method Approach to Theorizing Community Livability

Kendra Heatwole Shank, MS OTR/L, University of North Carolina, Chapel Hill

As Baby Boomers transition into retirement, the ability to age-in-place and participate in the meaningful and necessary activities of daily life will be influenced by the "Livability" of communities. The concept of Livability is poorly theorized, which limits effective translation in to policy and planning efforts. This multi-method study describes and interprets place-based patterns, processes, and experiences of participation for twelve community-dwelling older adults (70+) in Durham, NC. Global positioning (GPS) devices were used to collect spatial data of participants' place-based activity. Interviews and naturalistic observations were used to understand the processes of navigating the physical, social, and cultural spaces in which community participation occurs. Results from this mixed method study include in-depth representation of participants' experiences negotiating person-place transitions through quotes and conceptual models. Findings from the spatial analyses include visual representations of a standardized activity space, sequence of routes driven, locations frequented, and temporal features of spatial behavior. Common features of patterns are noted as well as personal and community features that co-vary with those patterns. These findings are then used to theorize livability for an aging population. Understanding dimensions of Livability directly informs efforts to support ongoing participation for older adults at the community level.

92. Legislating Home: The Impact of the Regulation of Small House Settings for Long Term Care Residents in Nova, Scotia, Canada

Emily Roberts, PhD, MA, MArch University of Missouri-Columbia

In May 2006, the Province of Nova Scotia, Canada announced a Continuing Care Strategy (CCS) in which issues of home care and long term care were addressed. The strategy is a 10-year plan to enhance and expand Nova Scotia's continuing care system including funds to build 11 new LTC facilities to support the vision of "living well in a place you can call home" (CCS, 2006). A key feature within the

guidelines is that all of the new LTC facilities be built in the model of the small house (SH) community, with multiple households (cottages) of 12-15 residents each. This qualitative case study was conducted in early 2012 in two LTC facilities in Nova Scotia. The first facility was built prior to the 2006 CCS regulations and the second facility opened in 2009 built to the new guidelines. Through an ecological theoretical framework, multiple key themes emerged, but for residents, the actuality of "home" was a very personal distinction based on the history and past preferences of each individual. Shared study themes related to the core elements of LTC: the need for and the provision of care.

93. Different Strokes for Different Folks: A Qualitative Analysis of Activities in Continuing Care Retirement Communities

Elizabeth Yost, PhD, Samford University

Vicki Winstead, MA, University of Alabama at Birmingham and Shelia Cotten, PhD, University of Alabama at Birmingham

As the U.S. population ages, greater numbers of older adults will transition into Continuing Care Retirement Communities (CCRCs). Upon entering these communities, many residents struggle to create friendships and initially experience hardships adjusting to their new surroundings. Continuity theory of aging posits that activities can be beneficial in increasing quality of life for residents in CCRCs when properly structured, although some types of activities offer more benefits than others. Using data from a longitudinal study of the impact of activities on quality of life, this work examines how the activities were structured in each community to best meet residents' interests and needs. While all of the CCCs in the study offered activities, there was little uniformity in what was offered, when it was offered, and who participated in the activities. Using qualitative analysis of focus group notes collected after eight weeks of activities, and activity calendars from each location, we see that the most important activity characteristics included: cognitive challenges, music from appropriate eras, activities that encouraged group cohesion, and the continued enthusiasm of the researchers. Each of the six communities had very different needs and interests and the activities we created for them varied between communities. However, they were similar in that the eight weeks of organized activities created a more cohesive group among participants. Creating meaningful activities for each CCRC is vital to maintaining quality of life among residents.

94. Professional Chaplaincy and End of Life Care: Theological and Ethical Concerns

Jamie Duncan, MA student, UNC Charlotte

The clinical pastoral education movement of the mid-20th century standardized chaplaincy, wedding clinical skills with doctrinal authority to better serve a culturally diverse community in a secular medical setting. Professional chaplains are trained to accept all patient beliefs as part of broader ""spiritual"" experiences common to all. A survey of relevant literature concerning ecumenical and exclusivist Christian perspectives on professional chaplaincy revealed some tensions between secular responsibilities and dogma. Ecumenical perspectives explored ways to adapt ecclesiastical obligations to the multicultural setting, but acknowledged the theological challenges. Exclusivist authors argued against adapting theology to the secular practice, and called for denominational segregation. In this paper, I discussed the ethical implications of these theological dilemmas for professional chaplaincy on the subject of end of life care and patient autonomy.

95. Impact of Religion and Spirituality on Coping with the Physical and Mental Health of Older Adults

Shanta Sharma, PhD, Henderson State University

The purpose of this paper is to present evidence based research that identifies relationship of religion and spirituality on coping with chronic conditions. Existing body of research identifies the positive influence of Religion and Spirituality in coping with chronic conditions, aging process and provides meaning and purpose in the life of older adults.

In the first part I will present the evidence based research and the relationship of religion and spirituality with chronic conditions. Secondly, identify and discuss the issues and concerns about not integrating religion and spirituality in treating chronic conditions by the health professional. Lastly, present suggestion for the integration of as a complementary or alternative therapy in the treating chronic

conditions and it impact on sky rocking health care cost.

96. Transition and Change: Meditation and Self Empowerment

Caroline S. Westerhof, PhD, Kaplan University

Meditation and self empowerment link the concepts of transition and change. Even if the min is "busy," five to ten minutes a day, can help one to quiet the mind. Mother Teresa said, "I am more myself than I have ever been. We need not be wounded beings, regardless of age, if we recognize we can be sustained by our values and meanings." Motivation and awareness of self brings moment-to moment awareness. It is the awakened energy of self empowerment. We welcome the NEW BEING we are becoming, each day more in balance, more in sync in understanding ourselves. You can boost yourself up or push yourself down. Most people want to feel good about themselves, but cannot define "that good." "I want to change my life, without changing my life...?" These concepts of transition and change lead to the healthy reality of, "I am more myself than I have ever been."

97. Combined Symposium Topics:

Part I: Start the Conversation: Community-based Initiatives to Promote Advanced Care Planning and Physicians Orders for Scope of Treatment.

Leland Waters, PhD, Virginia Center on Aging, Virginia Commonwealth University. Laura Pole, MSN, The Palliative are Partnership of Roanoke Valley and Chris Miller, Director, Aging Together, Chris Miller, Director, Aging Together, Culpeper.

Part II: Transitioning: Can Typical Legal and Financial Practices Work For Atypical Clients?

Jo Ann O'Quin, PhD, Department of Social Work, University of Mississippi. Robert E Mongue, MA, JD, Department of Legal Studies, University of Mississippi and Teresa Carithers, PhD, RD, LD, Department of Nutrition and Hospital Management, University of Mississippi

Part I: Start the Conversation: Community-based Initiatives to Promote Advance Care Planning and Physicians Orders for Scope of Treatment: Proactive advance care planning helps to assure that patient health and medical treatment wishes are implemented by designing an effective plan based on values and preferences. The timely engagement of patients with chronic or advanced illness allows for appropriate care and support through the course of the disease trajectory, facilitates patient and family adaptation to the nature of the disease and appropriate next steps. Two current projects funded by the Virginia Center on Aging's Geriatric Training and Education Initiative serve as catalysts for community efforts that empower all people to plan and exercise their choices for quality palliative and end-of-life care. The first project trains service providers to sensitively engage older adults and their families in conversations about end-of-life planning and services. An important component involves assessing and understanding patient preferences through ongoing discussions with the patient and family as early as possible. The second project expands health care professional training, consultation, and education in implementing POST (Physician Orders for Scope of Treatment) pilot projects and advance care planning facilitation throughout the Commonwealth. The goal of this presentation is to provide strategies to increase appropriate and timely use of end-of-life planning tools including advance directives and physicians orders.

Part II: Transitioning: Can Typical Legal and Financial Practices Work For Atypical Clients?: Transitions associated with aging and dying are accompanied by unique legal and financial concerns. This elder law workshop is intended to present an overview of major legal and financial issues faced by caregivers dealing with a family member with Alzheimer's disease and related disorders. General elder law issues such as competency, advance health care directives, and end-of-life planning will provide a basis for the discussion of materials drawn from The Empowered Paralegal: Working with the Elder Client (Carolina Academic Press, 2009). The goal is to establish familiarity with these issues so that caregivers can understand and work with legal counsel to the maximum benefit of family members. The session will highlight issues from the perspective of a legal expert and a caregiver dealing with her husband, who at age 55 was diagnosed with Alzheimer's disease. Discussion will include insights from a professional in the field who was able to provide little solace when having to assist a primary

caregiver facing the task of “getting legal affairs in order." Presenters will provide practical advice for working as a member of an inter-professional team to assist caregivers dealing with legal and financial issues regarding family members with dementia-related disabilities.

98. Ease into Health and Fitness- Evaluation of a Functional Fitness Program on Quality of Life on Adults in Adult Day Centers in North Carolina

Emily Taylor, BA, University of NC Greensboro

Patricia Brill, PhD, Functional Fitness, Jeff Milroy, PhD, UNCG and Elon, Stefanie Milroy, MPH, CHES, UNCG and Elise Eifert, MS, CHES, UNCG

According to many researchers, older adults experience health benefits from exercise, and exercise habits in older adults have a positive effect on the factors involved in successful aging, including quality of life. In an attempt to provide a low-impact fitness routine for older adults who have limited access to regular physical activity programs, Be Active North Carolina adapted a program for use among adult day center participants, Ease Into Health and Fitness. The purpose of this study was to explore the efficacy of the EIHF program on quality of life among older adults attending adult day centers in North Carolina. A repeated-measure delayed-treatment approach was used. Nine adult day centers across North Carolina self-selected to participate in the study and were then randomly assigned to either the early treatment group or the delayed treatment group. Participants were assessed onsite before and after the 12-week intervention using the WHOQOL- BREF to measure quality of life. As of submission, post intervention assessments are being performed. Final results will be available by conference date.

99. National and State Policies for Family Caregivers of Persons with Alzheimer's Disease – New Transitions

Jodi Teitelman, PhD, VCU Dept. of Occupational Therapy

Christine Jensen, PhD, The Riverside Center for Excellence in Aging and Lifelong Health,

The demographic shift towards Baby Boomers' aging continues to drive the need for public policies and intergenerational programs supporting family caregivers of persons with Alzheimer's disease. This workshop will provide current information on national and southern state policies with potential impact on supports and services for such caregivers. Presenters will address the new D-HHS Administration for Community Living and the National Alzheimer's Plan of he National Alzheimer's Project Act. Programs available through the Virginia Caregiver Coalition, Caring for You, and Lifespan Respite Care Act will be described. The State's transition towards providing healthcare supports across age groups and various disabilities through the newly-configured Department for Aging and Rehabilitative Services will also be discussed. Finally, workshop participants will have the opportunity to exchange information about how their states are responding to changing caregiver needs and trends, and to recommend future advocacy efforts.

100. Developing Holistic Group Modalities for Aging Boomers

Kathie Erwin, EdD, Regent University

By 2030 the last wave of Boomers reaches age 65 which will make them nearly 20% of the US population (US Census Bureau 2010). Boomers have greater ethnic diversity, education, instant online information access, social awareness and quest for longevity than prior generations. Bringing their activist passion from the 1960's into the new millennium, Boomers continue to protest “heck no we won’t go” into traditional aging roles. To meet the emotional and social adjustment needs of Boomers the design of elder groups for psychotherapy and psycho-education needs radical restructuring. Boomers grew up with Gestalt, Transactional Analysis and drug treatment groups so they are more treatment-savvy and accepting of group work than prior generations. Boomer groups need to be holistic to engage the four essential forces: mind, body, social and spiritual. This presentation will focus on group design differences and specific group modalities for aging Boomers. The goal of this workshop is to prepare attendees to facilitate these modalities as group leaders. Attendees will receive a group plan for four modalities and experience group activities.

101. Development of a Risk Assessment Tool for Adult Protective Services Workers

Christine Jensen, PhD, Riverside Center for Excellence in Aging and Lifelong Health

Johanna Folk, MA, George Mason University

The Riverside Center for Excellence in Aging and Lifelong Health developed a tool to assess risk for repeat reports of self-neglect and abuse in community-dwelling clients served by Fairfax Countys Adult Protective Services (APS) Unit. This project involved recommending an evidence-based approach to assess risk at onset of a new case and risk following designated time periods (e.g., investigation, intervention), to specifically determine if the risk level has been altered. A key objective has been to integrate the tool into Fairfax County's current business plan, starting the process with their intake unit. A methodical review of clients served by Fairfax County APS in recent years was completed in addition to telephone interviews and focus groups with case workers and supervisors. A Risk Assessment Tool was drafted and piloted and is now fully implemented. Making sure that workers understand the intent of the tool, know how to complete and update the tool, and appreciate how the risk level impacts staffing assignments and interventions are all critical to using the tool effectively and consistently. The basis for this Risk Assessment Tool is adapted from Structured Decision Making (SDM) system research and design principles developed by the National Center for Crime and Detention.

102. The Evidence Base for Leisure Education in Preparation for the Retirement Transition

Douglas Kleiber, PhD, University of Georgia

Brittany Linde, MEd, University of Georgia

Although the transition into retirement is benign for many, it is fraught with existential emotional and practical difficulties for nearly all (cf. Weiss, 2005). Retirement preparation programs have been targeted to financial security and health management concerns without sufficient attention to the losses of meaning, purpose and association that eventuate from ending a work life. The use of free time (leisure) has been considered in such programs in the past as a significant, if less important, component of retirement preparation; but a more contemporary review of such programs has indicated less rather than more attention to leisure. Nevertheless, recent reviews of the research on the impact of free time activity on quality of later life (e.g. Adams, Leibbrandt & Moon, 2011) have implications for expanded consideration in retirement preparation. This paper examines this evidence - both that related to depression in later life as well as happiness and well-being - and draws implication for more effective practice within such programs. Additionally, it considers the reconstruction of work and leisure meanings in post retirement, 'third age', endeavors.

103. Toward A Dramaturgical Theory of Dementia

Stephen Marson, PhD, Gerontology Program, University of North Carolina at Pembroke

This paper utilizes Erving Goffman's dramaturgical model as a framework from which to analyze the social forces involved in the development and maintenance of dementia among the elderly in America. A brief summary of Goffman's work is offered and major theoretical assumptions are delineated. Key terms are defined and applied with his notion of the ""total institution"" (in this case, a care facility for the elderly). The use of Goffman's research methodology is addressed within the context of answering the theoretical questions raised within the body of the paper. Finally, ex post facto observations are offered as a support of Goffman's perspective. Can the social forces that induce dementia be reversed after the individual has been diagnosed? If Goffman is correct, the answer is probably yes. Five researchable propositions are offered to test Goffman's framework.

104. Exploring the Knowledge and Attitudes Toward Aging Among College Students through Drawing

Chih-ling Liou, PhD, Miami University

Karel Joyce Kalaw, MA, Miami University

There have been numerous studies on attitudes towards aging; the majority of which use surveys to quantitatively measure attitudes. We investigated the use of a teaching activity allowing college students to

explore their views and attitudes on aging. A total of 90 students enrolled in introductory gerontology classes were asked to draw what they think of aging at the beginning of the course. The students perceived aging through words/concepts, and pictures. Our findings showed that: (1) aging involves physical decline and need for aid devices (e.g., cans, wheel chairs, walkers); (2) retirement and leisure; and (3) as a developmental linear process. These findings substantiate past research on the persistence of negative stereotype "frail, vulnerable and needing care" toward aging. Also, we found that old people in the pictures did not demonstrate gender-specific features, ethnicity, or socio-economic status. Based on this preliminary investigation, there is a need to incorporate factors on how attitudes on aging are constructed among students, e.g. gender and other socio-cultural relations. For teaching, it is suggested that instructors in gerontology classes need to be sensitized with the students' backgrounds and guide them to look at the aging process within their individual experiences and social contexts.

105. Are Preschoolers More Likely to Help an Older or Younger Adult on Emotion- and Action-based Tasks?

Jenessa Steele, PhD, Radford University

Amory Cox, BA, Radford University, Department of Psychology , Courtney Powell, BA, Radford University, Department of Psychology and Kayla Smith, Radford University, Department of Psychology

The United States is a society that divides generations socially and recreationally (Gilbert & Ricketts, 2008). In addition, children generally hold negative stereotypes of older adults (Weinberger, 1979). The foundation for the development of prosocial behavior begins during the preschool years, however few studies have investigated the potential differential role of age in a preschooler's likelihood to help an adult stranger. The current study aimed to assess preschoolers' likelihood to help an older or younger adult stranger on prosocial tasks. Our ongoing study has run 25 preschool students (Mage=33 months, SDage=7.38 months). Participants were randomly assigned to work with an older or younger adult on four tasks. Two tasks were action-based; needing help wrapping a box and picking up a fallen clip. Two tasks were emotion-based; needing a blanket to keep warm and a teddy bear to be happy. Results found that preschool children were significantly more likely to help a younger adult in the wrapping task ($t(23) = 2.08$, $p = .05$) and blanket task $t(23) = -2.90$, $p = .01$). Findings regarding the role of preschooler age and teacher-reported empathy will also be presented. Research implications for intergenerational integration within preschool education will be discussed.

106. Future Frontline Responders to Elder Mistreatment: An Examination of College Students' Knowledge

Sheryl Strasser, PhD, MPH, MSW, MCHES, Georgia State University

Elder mistreatment (EM) is a significant public health problem that impacts millions of Americans aged 65 and older. EM includes neglect; physical, emotional, and sexual abuse; and financial exploitation. Research shows that professionals lack EM training in the field. The purpose of this research was to determine what current college students know about elder abuse, comparing knowledge among majors that are crucial to protecting older adults from EM including: nursing, criminal justice, social work and health professions. A survey was completed by 202 students attending Georgia State University. Students were asked to rate their current knowledge they possessed and needed regarding 27 EM-related items. Also assessed was the number of courses students had taken in which EM was discussed. Results indicate the majority of students (62.2%) had not attended a single class in which EM was discussed. Social work students (n=27) indicated "some" knowledge of basic dynamics of EM, identifying EM victims, and mandatory EM reporting laws, which was more than nursing, criminal justice, and health profession majors. Study results reveal that a significant opportunity exists to enhance EM training for students who will be transitioning into professional frontline roles where EM detection and response is likely to occur.

107. Why Does Grandma Never Answer the Phone?: Increasing Quality of Life Outcomes through Activities in Continuing Care Communities

Vicki Winstead, MA, University of Alabama at Birmingham

Elizabeth Yost, PhD, Samford University, Shelia Cotten, PhD, University of Alabama at Birmingham, Will Anderson, M.A., MPH, University of Alabama at Birmingham, Ron Berkowsky, MA, University of Alabama at Birmingham and Sarah Khalidi, University of Alabama at Birmingham

Relocation into a continuing care retirement community (CCRC) can decrease subjective aspects of quality of life such as loneliness, isolation and feelings of disconnection from broader society. Research has shown that participation in activities is an important component of maintaining higher quality of life for residents of continuing care communities. Activity and continuity theories propose that participation in activities which facilitate social relationships and are reflective of personal values and identity are important for both physical and mental health and general well-being. This study compares quality of life outcomes for residents who participated in eight weeks of computer training and residents who participated in eight weeks of leisure-based activities to evaluate whether or not different types of activities impact quality of life outcomes differently. The data for this study comes from a longitudinal study of older adults residing in continuing care retirement communities. Preliminary results indicate that types of activities are significantly related to feelings of connection to broader society and loneliness but matter less for feelings of isolation and life satisfaction. As the population ages and baby boomers enter continuing care retirement communities, it is important that each community understand what types of activities facilitate better well-being for their residents.

108. Act Like A Southerner, Live Like a Global Citizen

Dana Burr Bradley, PhD, WKU Center for Gerontology

Southerners love nostalgia; they are all about the rearview mirror, the greener grass of where they grew up. Southerners are known for their great hospitality. One might even believe they have mystical properties making them plain nicer. So in the South, with far more rural folk than city folk, you're more likely to know that your neighbor likes Star Trek, even if you prefer Star Wars – and will still drink iced-tea together. It's time to expand the fences and start thinking globally. All of our lives have become globalized. Southerners are now a part of an emerging world community. It's time for Southerners to expand their definition of community and discover the values of the world community.

109. Transitions in Dementia: The Paradigm Shift of Person-Centered Dementia

Sonya Barsness, MS, Gerontology Consulting LLC

A paradigm shift has been occurring in the understanding and support of persons with dementia that impacts how gerontologists develop programs, education, research, and policy. Transitioning from a purely medical model of dementia to a person-centered one that more broadly includes the psychosocial and humanistic elements of living with dementia requires us to reframe our own work. Dementia is increasingly in the national spotlight, as seen by the National Alzheimer's Project Act (NAPA), the CMS Partnership to Improve Dementia Care, and a parallel national Dementia Initiative convened by CCAL- Person-Centered Living and comprised of national dementia experts. This renewed focus provides an opportunity for articulating and operationalizing transitions in dementia care. In this workshop, the presenter will review developments in person-centered dementia care in programs, policy, education, and research and facilitate a discussion with participants about person-centered dementia care. The goal of this workshop is to convene gerontologists and specialists in aging to discuss challenges and opportunities in transitioning to a person-centered dementia care paradigm in our own professional practices.

110. Part of Their Legacy: A Photographic Journey into Caregiving

Anna Batts, Barton College

We find inspiration in many forms and in many ways. My choice to study Gerontology as an academic discipline derives from my life experiences caring for my grandparents. For over seven years I spent time with my aging grandparents and watched them

deteriorate from dementia and Alzheimer's disease. Helping my grandparents for so many years and watching them deal with such a difficult disease gave me firsthand experience on what it was like to be a caregiver to the elderly. I documented their decline through photographs on the good days as well as the bad. With the classic book Gramp by Mark and Dan Jury, as inspiration for my presentation, my photographs serve as a timeline depicting my grandparents fight with Alzheimer's and the impact that fight had on my entire family. This photographic presentation depicts my personal experience watching them age, but will also includes my family members viewpoints and what we went through together in this difficult journey.

111. Stories of Transition: 519 B Street

Sherri Fairbairn, MA, The University of North Carolina at Charlotte

" [H]umans tell stories and | humans are storied" (Harter, Scott, Novak, Leeman, & Morris, 2006, p.6). We make sense of transitions in life by sharing and listening to personal stories, or narratives. In this way, our narratives socially construct meaning, definitions, and identity. Writing and sharing narratives can also have therapeutic value. Because of this, narratives about important life transitions are compelling to examine. In this personal story, I write about visiting my grandparents' home after they have both passed away. By weaving memories with a tour of the now-empty house, I explore issues of relationships, identity, loss, change, and family. Examining this story of transition gives insight into how reality is constructed through the narratives that we recall, construct, and share. This paper also discusses the coping value of story-telling and writing for individuals who experience life transitions.

112. The Measurement of Suicide Assessment and the Development of a Treatment Strategy for Elders: Durkeimian Approach

Stephen Marson, PhD, University of North Carolina at Pembroke

Michin Hong, PhD, MSW, School of Social Work University of Maryland and Julia Bullard Roscoe, BA, Department of Instructional Technology , Richmond County Schools

This article presents psychometric properties of a Durkheim Suicide Assessment (DSA) instrument designed to measure suicide risk among older adults. Despite a major influence of Durkheim' theory in understanding suicide, little effort has been made to apply such theory in gerontological practice. The DSA was developed to enable practitioners to assess suicide potential and develop a treatment strategy for elders. Data were drawn from a survey of 380 older adults over the age of 65. Exploratory factor analysis was conducted to assess factor structures of the DSA. Internal consistent reliability was examined using Cronbach's alpha and corrected item-total correlations. The results show that the DSA is a psychometrically sound measurement. Scores on each scale will inform the practitioner of the most effective treatment strategy to employ based on the type of suicide in which the elder has the highest probability of pursuing.

113. The Slow Death of Memory: A Sculptural Interpretation of Alzheimer's Disease

Gerard Lange, MFA, Barton College

Dementia, in my personal experience watching my grandmother slip away from Alzheimer's Disease, has shown me that the slow death of memory is more like a living death. She is now in the final stages of the disease. This sculptural installation demonstrates my understanding and observations of my grandmother's mental decline. On the table surface are objects collected throughout her lifetime. Arranged as though they might be on her mantelpiece each objet has been painted white obscuring details and identity. This treatment represents the initial loss of memory through the homogenizing of the objects. A cameo is positioned above the objects with the black literally falling from the picture. Charcoal dusted into the portrait fades

within the profile so at the top of the cranium is white and the bottom, dark. Black sand careens from the edge of the picture to the surface below. Beneath the pile only portions of the objects are visible. This envelopment represents a second level of memory loss where even the outlines of "memories" are obscured. Like an hourglass fills over time, the installation also appears to grow deeper with sand showing gradual decline of my grandmother's memories dying with her.

114. A Review of Home Alert Systems

Autumn Herrin, Gerontology Program Barton College

Sandy Dickerson, Fitness Management, Barton College

With the increase in the older population, caregiving has become a normative experience within the family. The desire to maintain one's independence as long as possible may place the family in the awkward position of balancing the need for safety while respecting the older family member's desire to remain independent in their own home. One out of every three older individuals fall each year. Chances of surviving a serious fall are six times greater when assistance arrives within the hour. Many families turn to home alert systems to enable the older individual to remain safely in their own home. This presentation reviews twelve leading home alert systems, offering a comparison / contrast of their effective range, price, service contract, accessibility, summary of features and reliability. The resulting manual is designed to assist the older individual, their caregiver and the professional in making an informed decision.

115. Young vs. Old: Is Elder Fraud Framed as Intergenerational or Familial Warfare?

Jaye Atkinson, PhD, Georgia State University

Elisabeth O. Burgess, PhD, GSU Gerontology Institute, Brenda Sims Blackwell, PhD, GSU Department of Criminal Justice and Criminology

Although financial abuse/fraud against older adults has increasingly received national attention, portrayal of these issues has received little scholarly attention. Existing research finds that media framing of aging issues shapes understanding of the topics, particularly in the when people have no personal experience. Using framing theory, this study examines how elder fraud is defined in newspapers, how ages of participants are discussed, and what constructs are important in elder fraud reporting. Qualitative and quantitative content analyses were conducted on 104 articles about elder fraud. These articles were identified through a Lexis-Nexus search across 25 years of articles in the top 5 circulating US newspapers. Types of elder fraud varied from stealing checks to granting titles to homes or cars to having other financial assets taken. Victims generally were older than perpetrators. A few instances acknowledged that fraud was "the old against the older." In general, "old" (victim) was tied to other conditions of vulnerability (e.g., widowhood and blindness), while "young" (perpetrator) was frequently associated with greed. Many cases revealed familial relationships complicated by age stereotypes. This study has important implications for the future framing of research on societal perceptions of aging and elder fraud.

116. Inoculating Seniors against Scams

William Tullar, PhD, UNCG

This study reports on a training program developed to use social psychological methods of cognitive inoculation to make seniors less likely to be scam victims. The study first reviews the literature showing seniors to be more likely than others to be scammed (see: Sclar, 2012). Following this, it shows how diminished capacity makes seniors an easier target for scammers (Cohen, 2008). There is a large amount of information available on the internet and elsewhere on scams, but this is of little help to most seniors because they can't/don't process it. The author along with several colleagues has designed a training program designed specifically for seniors. The three module program gets seniors actively involved in working through scams to see how they actually function and how the deception works. Lastly, they get to practice their newly developed skills to identify and explain new scams presented to them. Preliminary results discussed in the paper show this to be a promising technique to lower the number of senior scam victims.

117. 100 Designed Technologies

Claudia Rebola, PhD, Georgia Institute of Technology

This paper will present a compilation of designed technologies for healthy aging. A research study has been conducted using a snowball sampling technique to identify 100 designed technologies for the aging population. The objective of the research was to identify and present a variety of contemporary technologies to support older adults ability to perform routine activities in their own homes. Designed technologies are defined as products that make use of digital interactive technologies. As such, presented designs are those that feature a technology such as a processor. Products were limited to be designed in the last 5 years. Focus areas included handheld device design, app design, wearable design, assistive technology design, human computer interaction, computer supported collaborative work, tangible computing, mobile computing, embedded computing, ubiquitous computing, and robotics. The purpose of the paper is to be informative and showcase the efforts of laboratories and businesses towards designing a variety of technologies to facilitate daily activities, including assistive, social, communication, and leisure home technologies for older adults.

118. The Council of Presidents Symposium

Part I: The State of the State: Aging in North Carolina

Heather Burkhardt, director of Planning and Evaluation, North Carolina Division of Aging and Adult Services

Heather Burkhardt will describe the major issues regarding and challenges posed by North Carolina's older population now and in the years to come. The lived experience of North Carolina's elders, and what the state unit on aging is able to do, are affected by demographics, economics, geography, and politics. Compare North Carolina's present and future to your state's. What advice can you offer? What lessons can you take home with you?

Part II: Retirement Taught, Retirement Lived

Ed Rosenberg (Moderator), Heather Burkhardt, Ed Ansello, Lorin Baumhover, Jim Mitchell, Graham Rowles, Jan Wassal

A panel of long-time, aging SGS members will reflect and comment upon how they "teach" retirement and how, to date, they have experienced it. While some may have already "lived" retirement, others are (or have not yet started) considering it, and all of us probably have observed the retirements of colleagues, family and friends. How can these experiences/observations inform our teaching, counseling or advising about retirement? What will academic and practice gerontologists have to know to effectively educate people about retirement, and how might that change with respect to the Baby Boom generation? What's the best way to envision retirement, now and in the decade to come? Is retirement a "life of leisure", an "end to societal utility", active aging, productive aging, optimal aging? Or is "retirement" as we currently conceptualize it on its way out?

Index of Lead Presenters

68
Rebecca Adams, PhD
UNC at Greensboro
336-334-3578
r_adams@uncg.edu

47
Kristin Alexander
Gerontology Program, Barton College
252-399-6570
kdalexander@bulldogs.barton.edu

1
Michael Anders BA
University of Arkansas at Little Rock
501-680-4513
mtanders@ualr.edu

33, 87
Edward F. Ansello PhD
Virginia Center on Aging, Virginia Commonwealth University
804-828-1525
eansello@vcu.edu

115
Jaye Atkinson PhD
Georgia State University
404-413-5668
jla@gsu.edu

37
Beth Barba PhD, RN, FAGHE, FAAN
University of North Carolina at Greensboro School of Nursing
336-334-4785
beth_barba@uncg.edu

69
Christina Barmon MPH
Sociology Department, Georgia State University
404-413-5212
cebarmon@gmail.com

109
Sonya Barsness MS
Sonya Barsness Consulting LLC
757-773-7841
sonya@sbcgerontology.com

110
Anna Batts
Barton College
252-291-9469
annabbatts@yahoo.com

46
Laura Bauer MPA
Rosalynn Carter Institute for Caregiving
229-931-2034
Laura.Bauer@gsw.edu

76
Luci Bearon PhD
North Carolina State University
919-515-9146
luci_bearon@ncsu.edu

2
Leah Beyer
Western Kentucky University Center for Gerontology
270-745-2356
Leah.beyer586@topper.wku.edu

48
Carolyn Bird PhD, AFC, RFG
North Carolina State University
919-513-7793
carolyn_bird@ncsu.edu

3
Rebecca Bivens MS
Virginia Tech
304-952-1371
lrbivens@vt.edu

4
Cherita Black
Western Kentucky University Center for Gerontology
270-745-2356
cherita.black126@topper.wku.edu

49
Patricia Bonwell PhD
Virginia Commonwealth University
804-647-7730
pbbonwell@vcu.edu

38
Majisa Boyd MA
Georgia State University
boydmajisa@gmail.com

108, 2, 4, 9, 16, 18
Dana Burr Bradley PhD
Western Kentucky University Center for Gerontology

50
Jeff Brooks PhD
Fayetteville State University
910- 672- 1955
jbrooks@uncfsu.edu

118
Heather Burkhardt
NC Division of Aging and Adult Services
2101 Mail Service Center
Raleigh, NC 27699-2101
(919) 855-3436
heather.burkhardt@dhhs.nc.gov

5
Laura Capranica BSN
UNCC
704-966-0672
capranical@yahoo.com

65
Douglas Carl BS
Georgia Department of Human Services, Division of Aging Services
404-232-7984
docarl@dhr.state.ga.us

51
Madison Cauley
Gerontology Program, Barton College
252-399-6570
macauley@bulldogs.barton.edu

40
Ebru Cayir MD
University of South Carolina
803-777-4371
cayir@email.sc.edu

6, 15
Hye Won CHAI MA
Yonsei University/ Department of Child and Family Studies
82-10-5341-3763
rem3763@gmail.com

7
Rebecca Coley BS
Appalachian State University
980-253-8294
coleyre@appstate.edu

8
Asheley Cooper
Winston-Salem State University
336-750-2974
acooper111@rams.wssu.edu

9
Amy Correll
Western Kentucky University Center for Gerontology
270-745-2356
Amy.correll1062@topper.wku.edu

52
Cathy Jo Cozen BA, CG
San Diego County Long term care Ombudsman
858-386-3860
cjcozen@gmail.com

53, 43, 58
Boyd Davis PhD
UNC Charlotte
202-907-8750
bdavis@uncc.edu

34
Christine Davis PhD
University of North Carolina at Charlotte
704-687-0760
csdavis2@uncc.edu

94
Jamie Duncan MA
UNC Charlotte
704-891-1743
jaduncan1974@gmail.com

10, 98
Elise Eifert MS
University of NC Greensboro
336-315-7494
ekeifert@uncg.edu

54
Kris Elliott BSE, MS
University of Arkansas Division of Agriculture--Extension
501-303-5672
kelliott@uaex.edu

100
Kathie Erwin Ed.D.
Regent University
727-744-5044
kerwin@regent.edu

111
Sherri Fairbairn MA
The University of North Carolina at Charlotte
704-892-6696
ncfairbairns@yahoo.com

55
Deborah Farmer Ph.D.
Winston-Salem State University
336-750-2974
farmerde@wssu.edu

66
Patricia Fletcher BA, MA, MS
ElderCare Buddy
704-808-0195
patricia@eldercarebuddy.com

11
Elizabeth Frye Grad Cert
UNCC
704-351-2770
edfrye@uncc.edu

45
Kristi Fuller MSW
Georgia Health Policy Center
404-413-0292
kwfuller@gsu.edu

12
Andrea Garroway MS
Virginia Commonwealth University
585-746-7615
shamaskina@vcu.edu

13
Meredith Gellman MHA
UNC-Charlotte
828-446-2619
meredith.gellman@gmail.com

90
Farah Gilanshah PhD
University of Minnesota-Morris
320-589-3720
gilansf@morris.umn.edu

56
Sean Halpin MA
Veterans Affairs Medical Center, GRECC
214-727-3944
sean.n.halpin@gmail.com

79
Janet Henning Ph.D.
North Central Texas Area Agency on Aging
817-695-9197
jhenning@nctco
g.org

41
Emily Hensley
Dept of HDFS / UNC Greensboro
336-380-6278
eghensle@uncg.edu

114
Autumn Herrin
Gerontology Program Barton College
443-848-7397
amherrin@bulldogs.barton.edu

63
Amy Hosier PhD
University of Kentucky
amy.hosier@uky.edu
14
Meagan Jain B.A.
Georgia State University
678-447-7914
mjain1@student.gsu.edu

101, 99
Christine Jensen PhD
Riverside Center for Excellence in Aging and Lifelong Health
757-220-4751
cjensen@excellenceinaging.org

67
Lillian Jeter MEd
Clinical Counseling The Citadel
910-713-3417
lillian@lillianjeter.com

15, 6
Susanna JOO M.A
Yonsei University / Department of Child and Family Studies
82-2-2123-7534
jssnsc@naver.com

16
Karly Kasten
Western Kentucky University Center for Gerontology

270-745-2356
Karly.kasten564@topper.wku.edu

102
Douglas Kleiber Ph.D.
University of Georgia
706-224-1448
dkleiber@uga.edu

88
Mark Krain Ph.D.
U. of Arkansas at Little Rock
501-227-8440
makrain@ualr.edu

113
Gerard Lange MFA
Barton College
252-399-6475
glange@barton.edu

17
Marian Lechner working on BSW, minor in GRNT
UNC-C
704-777-2747
mlechner@uncc.edu

57
HeeSoon Lee PhD
Bowling Green State University
419-372-9538
leeh@bgsu.edu

104
Chih-ling Liou PhD
Miami University
513-529-1598
liouc@muohio.edu

72
Dory Marken PhD
Eastern Kentucky University
859-622-3300
dory.marken@eku.edu

32
Patricia Marshall DNP
Troy University
229-777-1884
Trishaaa1@yahoo.com

80
Victor Marshall PhD
University of North Carolina at Chapel Hill
919- 929-9162
victor_marshall@unc.edu

103, 112
Stephen Marson PhD
Gerontology Program; University of North Carolina at Pembroke
910-738-9522
steve.marson@uncp.edu

70
Summer McWilliams MS
Florida State University
770-468-2091
smcwilliams@fsu.edu

77
Jim Mitchell PhD
East Carolina University
252-328-6768
mitchellj@ecu.edu

81
Karen Moldt MBA
University of North Carolina at Greensboro
919-610-6084
krmoldt@gmail.com

18
Paige Montgomery
Western Kentucky University Center for Gerontology

270-745-2356
paige.montgomery756@topper.wku.edu

64
Jennifer Craft Morgan PhD
Georgia State University
404-413-5214
jmorgan39@gsu.edu

42
Karen Moss MSN, RN
University of Virginia
407-765-2416
kos2fr@virginia.edu

19
Kelly Munly MS
Virginia Tech
301-379-2891
kellymunly@gmail.com

20
Wendy Myers BSW
Georgia State University
601-480-3728
wmyers1@student.gsu.edu

21
Jyoti Nunna MA
University of North Carolina at Charlotte
704-804-1896
jnunna@uncc.edu

97
Jo Ann O'Quin PhD
Department of Social Work, University of Mississippi
662-236-1879
joquin@olemiss.edu

71
Rosalie Otters PhD, MSW, DMin
University of Arkansas at Little Rock
501-569-3012
rvotters@ualr.edu

83
Myra Owens PhD
Virginia Center on Aging / Virginia Commonwealth University
804-828-1525
mgowens@vcu.edu

84
Luis Paschoa
UNCW
407-810-6645
lmp3844@uncw.edu

73, 76
Tina Peterson PhD
Western Kentucky University
270-745-5058
tina.peterson@wku.edu

86
Priscilla Pittman MSW, MA
Alzheimer's Arkansas Programs & Services
501-224-0021
priscilla.pittman@alzark.org

75
Jay Poole Ph.D
UNC-Greensboro
336-906-9431
jaypoolephd@gmail.com

85
Lindsay Prizer MSW, LCSW
The University of Georgia
678-378-1273
lprizer@uga.edu

22
Hallie Putt MS Candidate
University of North Carolina of Charlotte
704-453-4763
hputt@uncc.edu

31
AviElle Raymore MA
UNCC
304-593-2821
araymore@uncc.edu

117
Claudia Rebola PhD
Georgia Institute of Technology
919-389-2302
crw@gatech.edu

92
Emily Roberts PhD, MA, MArch
University of Missouri-Columbia
828-275-5212
emroberts2002@yahoo.com

118
Ed Rosenberg, PhD
Appalachian State University
828-262-6146
rosenberge@appstate.edu

23, 12
Elizabeth Sadock M.S.
Virginia Commonwealth University
804-828-1193
Clin-Psy@vcu.edu

35
Jeanie Schepisi
Piedmont Area Regional Manager - Seniors' Health Insurance Information Program (SHIIP)
336-841-1786
Jeanie.Schepisi@ncdoi.gov

24
Arielle Semer
Bowling Green State University
419-203-3896
asemer@falcon.bgsu.edu

91
Kendra Heatwole Shank MS OTR/L
University of North Carolina, Chapel Hill
919-240-7257
kendra.heatwole@unc.edu

95
Shanta Sharma Ph.D.
Henderson State University
870-230-5414
sharma@hsu.edu

58, 31
Dena Shenk PhD
UNC Charlotte
704-687-4349
dshenk@uncc.edu

74
Joyce Shepherd Ph.D
Henderson State University
870-230-5142
shepherj@hsu.edu

78
Gail Sonnesso MS
GEM Adult Day Services, Inc.
252-480-3354
gsonnesso@gmail.com

36
Jodi Southerland DrPH
East Tennessee State University
423-439-4915
southerlanjl@etsu.edu

105
Jenessa Steele PhD
Radford University
540-831-5256
jcsteele@radford.edu

106
Sheryl Strasser PhD, MPH, MSW, MCHES
Georgia State University
404-413-1134
sstrasser@gsu.edu

59
Elizabeth Tait PhD
Western Carolina University
828-227-2567
emtait@wcu.edu
98, 10, 68
Emily Taylor BA
University of NC Greensboro
919-880-5820
emtaylor@uncg.edu

99
Jodi Teitelman PhD
VCU Dept.of Occupational Therapy
804- 828-3553
jlteitel@vcu.edu

25
Deborah Tillman BA
University of North Carolina at Charlotte
704-516-4516
dtillma7@uncc.edu

60
Haley Todaro
Athletic Training Education Program, Barton College
252-399-6570
htodaro@bulldogs.barton.edu

26
Brittany Toomey BS,MS
University of North Carolina, Wilmington
630-532-8936
bmt7290@uncw.edu

61
Lindsay Toth
Department of Human Performance and Health Education, Western Michigan University
412-600-4342
lindsay.p.toth@wmich.edu

43
Meredith Troutman-Jordan PhD, PMHCNS, BC
UNC Charlotte
704-687-7973
MeredithTroutman@uncc.edu

116
William Tullar PhD
UNCG
336-334-4526
wltullar@uncg.edu

27
Alix Unwin
York College of Pennsylvania
717-542-0344
aunwin@ycp.edu

28
Ivette Valenzuela MPH Student
Virginia Tech
781-330-6734
ivettev@vt.edu

62
Jessica Vincent BS MEd
University of Arkansas Division of Agriculture Cooperative Extension Service
501-623-6841
jvincent@uaex.edu

39
Judith Walsh PhD
Candidate
UNC Charlotte
704-649-0560
jwalsh23@uncc.edu

97
Leland Waters PhD
Virginia Center on Aging, Virginia Commonwealth University
804-828-1525
lhwaters@vcu.edu

44, 82, 89
Yulia Watters PhD
Duke Cancer Patient Support Program
919-684-4497
yulia.watters@duke.edu

29
Raven Weaver BA
Center for Gerontology/Virginia Tech
304-238-8975
weaver.raven@vt.edu

96
Caroline S. Westerhof PhD
Kaplan University
727-834-8324
csw18@hotmail.com

107, 93
Vicki Winstead MA
University of Alabama at Birmingham
205-975-8770
vickiwin@uab.edu

30
Lyubov Yarova BA, MSC
UNCW
910 -477-0561
lay3106@uncw.edu

93, 107
Elizabeth Yost PhD
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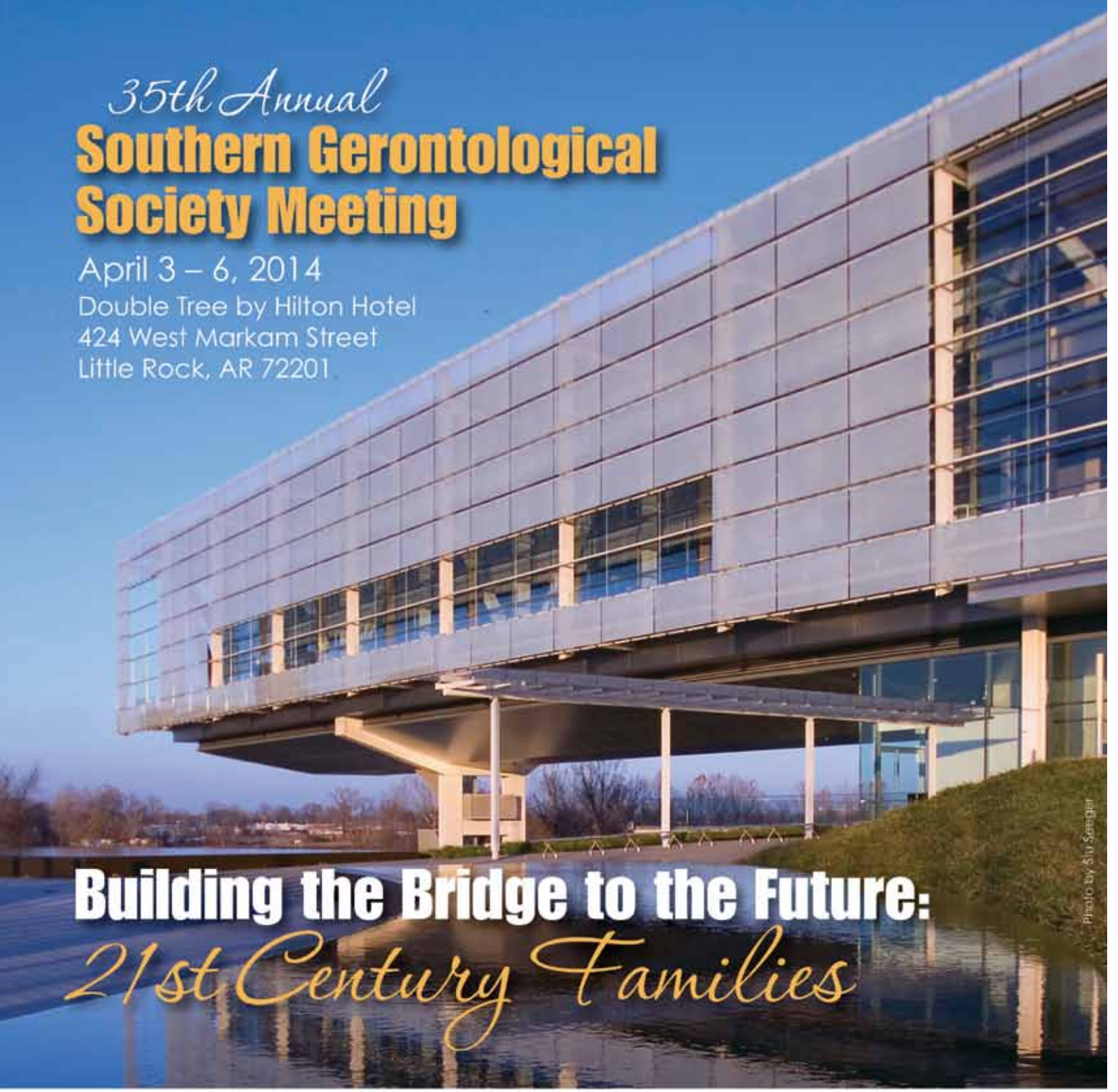
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