SGS 35th Annual Meeting

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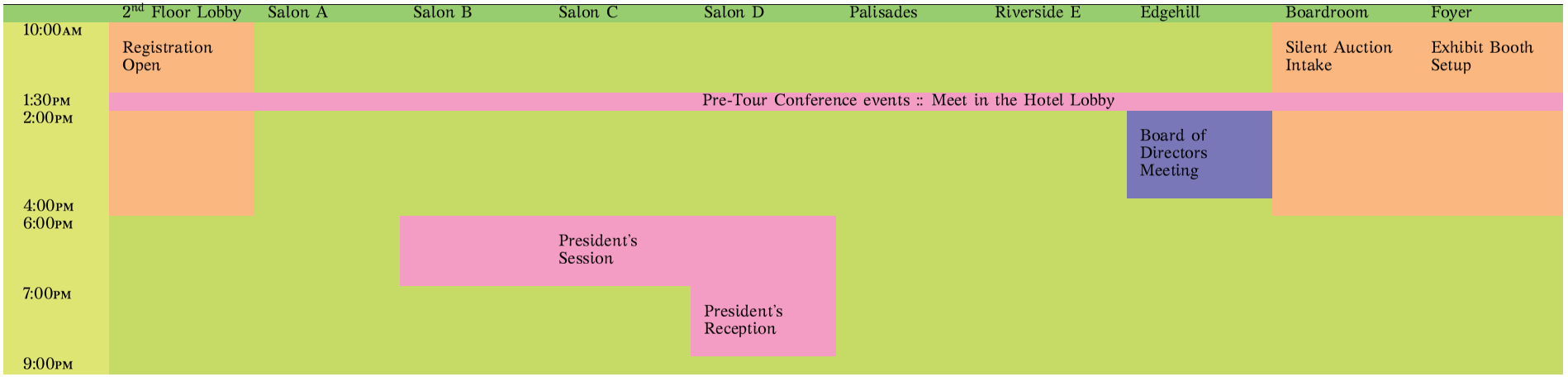
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Schedule At-A-Glance

Thursday, 3 April



Friday, 4 Apr 4

	2nd Floor Lobby	Salon A	Salon B	Salon C	Salon D	Palisades	Riverside E	RiversideW	Boardroom	Foyer
7:30AM	Sign-Up for Dine-Arounds				Breakfast with Dr. David					
8:00AM	Registration Open								Silent Auction	Exhibit Booths
8:30AM		Concurrent Session I Symposium	Concurrent Session I Paper	Concurrent Session I Symposium		Mentoring Building Your Career	Concurrent Session I Workshop	Concurrent Session I Workshop		
10:00AM					Morning Tea Poster Session					
11:30AM		Concurrent Session II Workshop	Concurrent Session II Workshop	Concurrent Session II Workshop		Concurrent Session II Workshop	Concurrent Session II Workshop	Concurrent Session II Workshop		
12:15PM		Lunch On Your Own								
12:15PM					Publications Committee Meeting (Plaza Grill)					
2:30PM		Concurrent Session III Paper	Concurrent Session III Paper	Concurrent Session III Paper		Concurrent Session III Paper	Concurrent Session III Paper	Concurrent Session III Paper		
3:15PM										
3:30PM		Concurrent Session IV Symposium	Concurrent Session IV Symposium	Concurrent Session IV Workshop		Afternoon Coffee Mentoring Women in Science	Concurrent Session IV Workshop	Concurrent Session IV Workshop		
5:00PM										
	Clinton Presidential Library									
6:00PM	Presidential Gala									
10:00PM										

Saturday, 5 Apr

	2nd Floor Lobby	Salon A	Salon B	Salon C	Salon D	Palisades	Riverside E	Riverside W	Boardroom	Foyer
7:30AM	Sign-Up for Dine-Arounds				Breakfast & Business meeting					
8:00AM	Registration Open								Silent Auction	Exhibit Booths
8:30AM			Concurrent Session V Workshop	Concurrent Session V Symposium		Concurrent Session V Symposium	Concurrent Session V Workshop	Concurrent Session V Workshop	Silent Auction	
	2nd Floor Lobby	Salon A	Salon B	Salon C	Salon D	Palisades	Riverside E	Riverside W	Boardroom	Foyer
10:00AM					Morning Tea Becky Comet Plenary					
11:00AM			Concurrent Session VI Symposium	Concurrent Session VI Symposium			Concurrent Session VI Workshop	Concurrent Session VI Workshop		
12:30PM					Awards Luncheon					
2:00PM			Concurrent Session VII Workshop	Concurrent Session VII Symposium		Concurrent Session VII Workshop	Concurrent Session VII Workshop	Concurrent Session VII Paper		
3:25PM										
3:35PM			Concurrent Session VIII Workshop	Concurrent Session VIII Workshop		Mentoring Publish or Perish	Concurrent Session VIII Paper			
5:00PM									Silent Auction Closes	
5:30PM										
6:00PM	Dine Arounds :: Meet in the Hotel Lobby									

Sunday, 6 Apr

	Lobby	Salon A	Salon B	Salon C	Salon D	Palisades	Riverside E	Riverside W	Boardroom	Foyer
7:30AM										
8:00AM					Council of Past Presidents Symposium					
9:30AM										
9:30AM					GRITS Brunch					
12:00PM						Board of Directors Meeting				
2:00PM										



Welcome from the SGS President

2014 will celebrate the Southern Gerontological Society's 35th annual meeting. I am so excited that the conference will be held in Little Rock, Arkansas. The conference theme this year is "Building the Bridge to the Future: 21st Century Families." The theme is symbolic of many aspects of this year's conference. SGS is unique as organizations go because "SGS provides the bridge between research and practice, translating and applying knowledge in the field of aging." SGS is the bridge. We bring researchers, scholars, practitioners, vendors, caregivers and many others together. Our conference provides the platform for those interactions to take place.

Since the conference is in Arkansas this year, I thought it was important that we experience a little part of Little Rock. The Presidential Gala will be held at the Clinton Presidential Library. Clinton described the architecture of the Clinton Library as the "Bridge to the Future." Looking forward to the future, the years yet to come, is why the "bridge" keeps going without ending on the opposite shore. So even though the Library records the events of the past, it is also a symbol of working towards the future. This year's conference program planning committee took the charge of looking forward to the future and has planned three distinct mentoring sessions this year. Training our students and young professionals now to be future leaders in the field of aging as well as SGS is part of building that bridge.

As gerontologists we have to be many bridges. We are the bridge between seniors and government. We are the bridge between research and legislation. We are the bridge between caregivers and physicians. We are the bridge for the countless aspects of aging. Each of us, no matter what our degree or position, cannot do it alone. We have to do it together. As a family. We are a family of gerontologist. SGS may be one crazy family reunion, but we are a family.

I think you will enjoy this year's conference. Come early; take part in a pre-conference educational tour. Stay till the end; hear the Council of President's Symposium and recognize this GRITS recipients. Be a part of building the bridge — the bridge to the future of SGS.

Dr. LaVona Traywick, SGS president 2013 – 2014



Welcome from the Program Co-Chairs

Welcome to SGS and Little Rock, Arkansas! We are thrilled to hold the SGS conference in the "Natural State," as Arkansas is famous for its scenic beauty. While you navigate the conference and satisfy academic interest and professional practice, we hope that you will have time to explore some of Little Rock's local culture and flavor, including taking advantage of the pre-conference tour options. Tours include cycling through Little Rock to learn about the civil rights movement and the role of Central High School, visiting the Heifer Village where you can imagine a hunger and poverty-free world, and traveling to Hot Springs to experience a sample of the Natural State at its best at Garvan Woodland Gardens, the botanical garden of the University of Arkansas.

This is an exciting week in the field of aging as SGS "Builds the Bridge to the Future," concentrating on the 21st Century Family. Through keynote speakers, symposia, paper sessions, workshops, poster presentations and networking, SGS will maintain its rich tradition of exchanging information across disciplines through communication, interaction and innovation. From Thursday evening to Sunday morning, we encourage you to take advantage of the many sessions and opportunities that are being offered.

The program's opening session on Thursday features Dr. LaVona Traywick, President of SGS and Associate Professor of Gerontology at the University of Arkansas. Dr. Traywick will talk about the aging family of tomorrow through the lens of Cooperative Extension. We will then be united through music as a hand-bell ensemble performs an amazing renditions of traditional hand-bell music along with some contemporary songs.

Friday and Saturday are layered deep with mentoring sessions regarding career building, women in science, and publication pressures in addition to a variety of concurrent symposiums, lectures and workshops. While Friday morning will begin with a joint poster session, the night will come to a close with an amazing opportunity to meet and network at Clinton Presidential Library for the SGS Presidential Gala. Opened in 2004, the library is located on the banks of the Arkansas River and attracts thousands of visitors from around the world. We hope it attracts you!

Plan to rise and shine at "Breakfast with Dr. David" Saturday morning. Dr. David Lipschitz is a nationally renowned Geriatrician who will treat us with a breakfast talk about the importance of lifelong health. Fittingly, Becky Comet, a contestant on the twelfth season of the hit reality show, The Biggest Loser, and conference keynote for the Saturday morning plenary, will discuss her story and lessons learned after she ran from her medical history. After the awards lunch and additional concurrent sessions, you will be ready to dine-around Little Rock with colleagues for dinner.

Never to end on a dull note, the conference will conclude with Dr. Karen Roberto, Professor of Human Development and Director for the Center for Gerontology at Virginia Tech University discussing family structures in caregiving and the Gerontology Rooted in the South (GRITS) awards brunch.

We hope that you are equally as excited about "Building the Bridge to the Future" as we are. Again, we encourage you to share, learn, connect and reconnect as you build your own bridges these next few days. Welcome to Little Rock and the 35th Annual Meeting of SGS.[1]

Sincerely: Amy Hosier, 2014 SGS Program Co-Chair.

[1]This program is produced for assistance on site at the meeting. It contains the program as of 1Mar2014. Changes after this date will be noted at the meeting. Additional information can be found on the conference Web site.



Welcome from Local Arrangements

The 35th annual meeting of the Southern Gerontological Society (3-6 Apr), is coming to the DoubleTree Hilton in Little Rock, Arkansas. Most attractions are in downtown Little Rock, though some are across the river. The cities of Little Rock and North Little Rock are connected by the River Rail Streetcar System across the Arkansas River. Our conference hotel is located on Markham St., a main downtown street offering restaurants, entertainment, museums and more – either in walking distance or a short streetcar ride away.

Several universities of the University of Arkansas System are found in Little Rock: the University of Arkansas Division of Agriculture Cooperative Extension, the University of Arkansas at Little Rock, and the University of Arkansas for Medical Sciences. Dr. Donald R. Bobbitt, the President of the University of Arkansas System, will give the keynote address, "The Future of Higher Education," at the SGS Presidential Gala on 4 April.

Little Rock, the state capital and largest city in Arkansas, offers a variety of nearby attractions for you to experience along with the conference program. The Clinton Presidential Center and Library, the site for the SGS Presidential Gala, is at the east end of downtown. Heifer International, a major non-profit organization, is headquartered next door and works to end hunger and poverty around the world – providing livestock, training and education. Central High School National Historic Site, just a couple of miles from downtown, commemorates a crucial desegregation struggle for civil rights.

Restaurants and entertainment are a draw to both downtown Little Rock and North Little Rock, with many choices along the streetcar routes. Arkansas musicians have long been among the most significant contributors to American music. The heritage of Mississippi Delta Blues is a continuing legacy of Arkansas. The downtown is alive evenings with blues, country, rock, pop, and classical music. The Arkansas Repertory Theatre will be performing Les Miserables (5-6 Apr). The River Market section of downtown Little Rock is also home to the Butler Center for Arkansas Studies, as well as the new Ron Robinson Theater for the arts, and the Museum of Discovery with its hands-on science exhibits.

In North Little Rock the Arkansas Travelers baseball club, Double A affiliate of the LA Angels, plays in Dickey-Stephens Park next to the river. Nearby Verizon Arena, an 18,000 seat multi-purpose facility, attracts major sports and entertainment events for Central Arkansas and beyond. These venues and the Argenta entertainment district of North Little Rock are a short streetcar ride from downtown Little Rock.

Arkansas calls itself "the Natural State," for its many scenic mountain and river trails. An extensive biking and jogging loop extends miles upriver on both sides with one of its scenic bridges accessible from the Clinton Center itself. Arkansas is also the nation's "Rice Capital," growing almost half of the rice in the United States. The Crystal Bridges Museum of American Art in northwest Arkansas offers some of the strikingly best in American art, as well as an architecture that is itself art nestled among its surrounding nature trails. Arkansas' prominent figures have included former Governor Winthrop Rockefeller and former Senator J. William Fulbright, as well as General Douglas MacArthur, business innovator Sam Walton, music legend Johnny Cash and authors Maya Angelou and John Grisham. In addition, former President Clinton's legacy and ongoing humanitarian interests are the focus of the Clinton Presidential Library and the Clinton School of Public Service which sponsors an MA in Public Service, University of Arkansas at Little Rock.

The local arrangements committee of the Southern Gerontological Society invites you to enjoy your stay in Little Rock. We will host dine-arounds Saturday evening, 5 Apr, in both Little Rock and across the Arkansas River in North Little Rock. The faculty, students, and alumni from the School of Social Work, Gerontology Program, at the University of Arkansas at Little Rock are available to offer Arkansan hospitality. Please join us at the opening reception, 4 Apr, beginning at 6:00PM as we focus on "Building the Bridge to the Future: 21st Century Families." See you in Little Rock!

Rosalie Otters, SGS Local Arrangements Chair

Cooperative Extension Service



COOPERATIVE EXTENSION
1914-2014
100
SMITH-LEVER ACT
EXTENDING KNOWLEDGE CHANGING LIVES

In 1914 the Smith-Lever Act went into effect creating the **Cooperative Extension Service.** This far-reaching and visionary educational force would bring practical knowledge backed by the latest research to the people of Arkansas where they lived.

THEN: Ag & Home Demonstration Agents:

- Promoted farm mechanization.
- Introduced pest management and fertilization techniques.
- Encouraged crop diversification and farm cooperatives.
- Taught food preservation, clothing construction and mattress-making.
- Led efforts for childhood immunizations.
- Sold war bonds and helped grow Victory Gardens.
- Led the effort for rural electrification.
- Created boys' corn clubs and girls' canning clubs to teach essential skills to youth.

NOW: Agents & Faculty:

- Aid producers in meeting rising global food and fiber demands.
- Help communities tap assets and build strong economies.
- Use research findings to create resilient families and meaningful relationships.
- Build science and technology skills in youth so they can be globally competitive.
- Foster lifelong healthy habits in at-risk populations.
- Make more sustainable land and water use possible.
- Teach smart and practical money management.

Offices in all 75 counties help you meet economic, natural and social challenges.

Delivering practical knowledge backed by leading-edge research
for more than 100 Years!

UofA DIVISION OF AGRICULTURE
RESEARCH & EXTENSION
University of Arkansas System

Check out our **NEW** *website!*
www.uaex.edu

Meeting Organizers

President LaVona Traywick, University of Arkansas, ltraywick@uaex.edu

Co-Past President Dana Bradley, Western Kentucky University, dana.bradley@wku.edu

Co-Past President James Peacock, Appalachian State University, peacockjr@appstate.edu

Secretary Candace Kemp, Georgia State Uniersity, ckemp@gsu.edu

Treasurer Jan White, White Professional Consulting, getdrjan@gmail.com

Administrator Lora Gage, lgage4sgs@aol.com

Program Co-Chairs Amy Hosier, University of Kentucky, amy.hosier@uky.edu & Toby Woodson, University of Arkansas, tiwoodson@yahoo.com

Awards Committe Jennifer Morgan, Georgia State University, jmorgan39@gsu.edu

GRITS Wayne Moore, North Carolinia A&T State University, wmoore@ncat.edu

By-Laws Ed Rosenberg, Appalachian State University, rosenberge@appstate.edu

Development Shelly Brown, Tennessee Technological University, csbrown@tntech.edu

Local Arrangements Rosalie Otters, University of Arkansas, rvotters@ualr.edu

Future Directions Dana Bradley, Western Kentucky University, dana.bradley@wku.edu

Membership Jaye Atkinson, Georgia State University, jla@gsu.edu

Program Amy Hosier, University of Kentucky, amy.hosier@uky.edu and Toby Woodson

Publications Connie Coogle, Virginia Center on Aging, ccoogle@vcu.edu

Student Candace Kemp, Georgia State University, ckemp@gsu.edu

Roster – Exhibitors, Sponsors, Advertisers and Donors

Exhibits will be open in the foyer of the Convention Center. Attendees will enjoy being able to visit with vendors during conference hours Thursday through Saturday. Exhibits will be open during the breaks and any time that the foyer is open., including during lunch.

- Alzheimer's Arkansas Programs and Services
- AARP Arkansas
- Arkansas Gerontological Society
- Arkansas Insurance Department SHIP
- Bristol Myers Squibb
- DHS Division of Aging & Adult Services – Arkansas SMP
- Elder Care Advocacy
- FirstInSites
- Geriatric Workforce Enhancement Project – UNC Greensboro
- Gerontological Society of America
- Gerontontology Institute – Georgia State University
- L'Oréal Paris
- Sage Publications
- University of Arkansas Division of Agriculture
- UNC Greensboro
- Walden University
- Wayne Moore

Past Presidents

- James Peacok, 2012 – 2013
- Dana Bradley, 2011 – 2012
- Jan Wassel, 2010 – 2011
- Jim Mitchell, 2009 – 2010
- Ed Rosenberg, 2008 – 2009
- Frank Whittington, 2007 – 2008
- Connie Coogle, 2006 – 2007
- Graham Rowles, 2005 – 2006
- Douglas Beach, 2004 – 2005
- Leonard Poon, 2003 – 2004
- Sue Maxwell, 2002 – 2003
- Richard Tucker, 2000 – 2001 – 2002
- Charles Longino Jr, 1999 – 2000
- Laura Feldman, 1998 – 1999
- B McCulloch, 1997 – 1998
- William Massey, 1996 – 1997
- Kenneth Cook, 1995 – 1996
- Edward Ansello, 1994 – 1995
- Patricia Suggs, 1993 – 1994
- Joan Wood, 1992 – 1993
- Carolyn Graves, 1991 – 1992
- Larry Mullins, 1990 – 1991
- Shirley Totty, 1989 – 1990
- David Blackwell, 1988 – 1989
- Kay Hind, 1987 – 1988
- John Lovitt, 1986 – 1987
- Bradley Courtenay, 1985 – 1986
- Erdman Palmore, 1984 – 1985
- Nancy Lohmann, 1983 – 1984
- Glenn Hughes, 1982 – 1983
- Lorin Baumhover, 1981 – 1982
- Barbara Payne, 1979 – 1980

Conference Highlights

Presidential Opening Session

Thursday • 6:00 p.m.

Dr. LaVona Traywick, President of SGS, will speak on "Building the Bridge to the Future" with a concert from the Halleluiah Handbells of Benton Arkansas. Immediately followed by the President's welcome reception.



Breakfast with Dr. David

Friday • 7:30 a.m.

Start your morning off with nationally known geriatrician Dr. David Lipschitz. You may have read his syndicated newspaper column, heard him on his syndicated radio talk show, seen him on television with his PBS aging series or read one of his many books. Now, you can meet him in person and hear him speak.



Council of Past Presidents Symposium

Sunday • 8:00 a.m.

Don't leave early or you will miss out! Dr. Karen Roberto is Professor and Director of the Center for Gerontology and the Institute for Society, Culture and Environment at Virginia Tech. She also holds adjunct appointments in the Department of Internal Medicine and the Department of Psychiatry and Behavioral Medicine at the Virginia Tech Carilion School of Medicine. She will speak on "Family Structures and Caregiving in the 21st Century."



Pre-Coference Educational Tours:

- **Historic Neighborhoods Bicycle Tour,** Little Rock, Arkansas
- **Garvan Woodland Gardens walking tour,** Hot Springs, Arkansas
- **Heifer Global Village educational tour,** Little Rock, Arkansas

Plenary Session

Sunday • 10:00 a.m.

The Plenary session will entertain and challenge you! Becky Comet, a contestant on the NBC Hit show "Biggest Loser," will talk about the importance of family support and how we need to be healthy now to be healthy as we age.



Mentoring Sessions

- **Building your Career, Friday • 8:30 a.m.** — learn how to write your CV and Resume and how to put your best foot forward using LinkedIn.
- **Women in Science, Friday • 3:30 p.m.** — hear about opportunities and strategies to overcome obstacles in the sciences.
- **Publish or Perish, Saturday • 3:30 p.m.**. — led by the editor of the SGS journal, *the Journal of Applied Gerontology*. Dr. Joe Gaugler will help eleviate some fears that come from "Publish or Perish."

Registration: Register online at
www.southerngerontologicalsociety.org
Before you register please consider the benefits of an SGS membership:

- **Non member full registration: $295**
- **Member full registration: $255**
- **Non member student full registration: $120**
- **Member student full registration: $90**

Early resigtration deadline: March 1, 2014



About the Conference Meeting Site

Location

The destination address for the conference is the DoubleTree by Hilton Hotel, 424 West Markham Street, Little Rock, AR 72201.

Email/Internet Access

The DoubleTree by Hilton Hotel has complimentary wireless throughout the hotel building and is accessible with either your room number or if you are just in a meeting you would enter the promotional code of: `dtlr4` and the network appears as: `hhonors`.

Parking

The parking garage, under the DoubleTree by Hilton Hotel is owned by the City not the hotel and is available for $9.00US per day or for $1.50 per hour. If you are staying in the hotel, that charge is automatically billed to your room.

Transportation in the Downtown Area

Visitors to Little Rock will notice the River Rail Streetcar. This is a great way to see downtown Little Rock and North Little Rock. The River Rail Streetcar system boards and drops off passengers at the 15 designated stops. Each designated stop contains a yellow-painted dimpled concrete pad, a River Rail sign displaying the streetcar route map and schedule, as well as an electronic real-time sign announcing current arrival and departure times for the specific designated stop. Other information and events are also announced on the real-time signs. Some designated stops also provide a shelter, bench, and trash receptacle for passenger convenience. Please see Streetcar website for maps www.littlerock.com/maps/streetcars/.

River Rail Schedules

- Blue Line :: Monday – Saturday :: North Little Rock to the Clinton Library.
- Blue Line :: Monday – Saturday :: North Little Rock to the Clinton Library.
- Green Line :: Monday – Saturday :: Little Rock only. (No Sunday).

River Rail Hours of Operation

- Monday, Tuesday, Wednesday :: 8:20AM to 10:00PM.
- Thursday, Friday, Saturday :: 8:20AM to 12 Midnight.
- Sunday :: 10:40AM to 5:45PM.

River Rail Fare

- Persons age 4 & under Free.
- Persons age 5 thru 11 $0.50 per boarding.
- Persons age 12 thru 64 $1.00 per boarding.
- Persons age 65 & above $0.50 per boarding.
- Persons with disabilities $0.50 per boarding.
- Day Pass – available on the streetcar $2.00 – unlimited ride for one calendar day.
- 3-Day Pass $5.00 – unlimited rides for three consecutive days.
- 20-Ride Card $15.00

Buses are also available in Little Rock. Bus line #20 runs between downtown and the airport. Please see www.cat.org/bus-service for route, schedule, hours of operation and fares.

Conference Registration and Check In

Registration and check in for the meeting will be available Thursday through Saturday of the meeting in the lobby on the second floor. Please check in upon your arrival at the meeting in order to receive our name badge and other important information.

Registration Hours

Thursday, 3 April 2013... 10:00AM to 5:00PM.

Friday, 4 April 2013... 8:00AM to 5:00PM.

Saturday, 5 April 2013... 8:00AM to 5:00PM.

Special Needs

If you have a disability or limitation that may require special consideration in order to ensure your full participation in this meeting, please see a staff person at the conference registration desk.

Presidential Gala

Dust off your cocktail attire for the Presidential Gala, Friday evening 4 Apr from 6:00PM to 9:00PM, at the Clinton Presidential Library. Donald Bobbitt will speak to the attendees and tour the Library at their leisure while enjoying a selection of nibbles and cocktails. Music to be provided by **Jay and the Twlighters**.

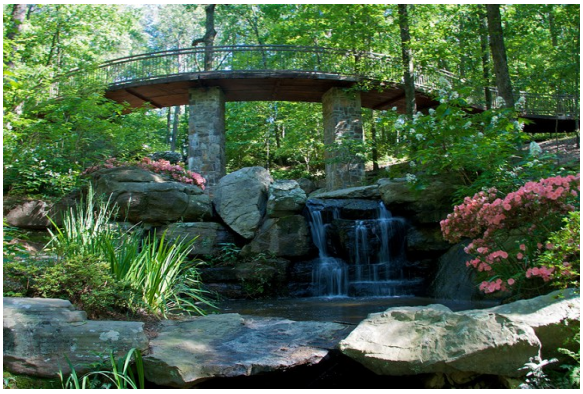
Pre-Conference Events

Bicycle Tour



Discover Little Rock's rich, colorful history by participating in a bicycle tour of quiet tree lined streets, city parks, and historic places on this 2 to 3 hour bicycle tour. Explore people, figures and neighborhoods that have shaped Little Rock. Highlights include the Clinton Presidential Library, Heifer International headquarters, MacArthur Park, the Quapaw Quarter, Central High School, the Arkansas State Capitol and the Arkansas River Trail. All ages and fitness levels will be able to enjoy this ride. Limited to group size of 25. The group will meet in the lobby of the DoubleTree Hilton Thursday, 3 Apr, at 1:30PM and will walk 0.4 miles to Bobby's Bike Hike to be fitted with bicycle and helmet. The tour ride begins at 2:00PM. www.hobbybikehike.com/littlerock/

Garvan Woodland Gardens Nature Walk



Welcome to Garvan Woodland Gardens, the botanical garden of the University of Arkansas. Nestled in the picturesque Ouachita Mountains of Southwest Arkansas, the Gardens are a wonderful gift to all people from local industrialist and philanthropist Verna Cook Garvan. The Gardens are an example of The Natural State at its best: a canopy of pines reaching skyward providing protection for delicate flora and fauna, gentle lapping waves that unfold along the 4.5-miles of wooded shoreline, and rocky inclines that remind us of the surrounding Ouachita Mountains. Garvan Woodland Gardens' mission is to preserve and enhance a unique part of the Ouachita environment; provide people with a place of learning, research, cultural enrichment, and serenity; develop and sustain gardens, landscapes, and structures of exceptional aesthetics, design, and construction; and partner with and serve communities of which the Gardens is a part. From the dynamic architectural structures to the majestic botanical landscapes, Garvan Woodland Gardens offers breathtaking sights (and fantastic photo opportunities) at every turn. Limited to group size of 25. The group will meet in the lobby of the DoubleTree Hilton Thursday, 3 Apr at 1:00PM. Tour vans will leave at 1:25PMand are estimated to return at 5:00PM. www.garvangardens.org

Heifer Global Village Tour



Heifer International strives to work with global communities to end poverty and promote good stewardship of the Earth. The Heifer Global Village is used to raise awareness of hunger and poverty. The Heifer Global Village is a physical collection of "country sites" with housing replicating life in communities where Heifer works around the world. Each site may include one or more small housing structure, small gardens and animals. The Heifer Village on the Heifer International Campus downtown in Little Rock introduces visitors to the possibility of a world free of hunger and poverty. The guided tour will include interactive exhibits that provide a stimulating and challenging experience for people of all ages. Limited to group size of 25. The group will meet in the lobby of the DoubleTree Hilton Thursday, 3 Apr at 3:30PM and either walk approximately 1-mile, or take the trolley to Heifer Village. Guided tour starts at 4:00PM. www.heifer.org/visit/heifer-village

Dine-Arounds

Remember to sign-up for dine-arounds, Saturday, 5 Apr in the lobby during the times 7:30AM til 8:30AM. Dine-arounds options are as follows:

Ristorante Cápeo :: Fine dining :: 425 Main Street, NLR (trolley) :: www.capeo.us

Benihana :: Teppanyaki :: 2 Riverfront Place, NLR (Wyndham Hotel, 1-block from trolley) :: www.benihana.com

Starving Artist :: Food, Wine and Art :: 411 Main Street, Argenta Arts District, NLR (trolley) :: www.starvingartistcafe.net

South on Main :: Southern cuisine :: 1304 South Main Street, Little Rock (short ride) :: www.southonmain.com

Bosco's Restaurant and Brewing Co :: Southern cuisine, wood-fired pizza and sandwiches :: 500 President Clinton Avenue, Little Rock (trolley) :: www.boscosbeer.com/littlerock/story

Dizzy's Gypsy Bistro :: Bistro :: 200 River Market Avenue, Little Rock (trolley) :: www.dizzysgypsybistro.net

Iriana's Pizza :: Pizza :: 201 E Markham Street, Little Rock (walk or trolley) :: www.irianaspizza.com

Guest Presentations

Donald Bobbitt



Presentation: President of the University of Arkansas System Donald Bobbitt will provide the keynote address on the future of higher education for the presidential gala.

Biographical Information: After earning a doctorate in chemistry from Iowa State University in 1985, Donald Bobbitt became an assistant professor in the department of chemistry and biochemistry at the University of Arkansas. Among his many honors are the University of Arkansas' Alumni Association Award in Teaching and the Fulbright College Master Teacher Award. For five years, he was a recipient of the Camille and Henry Dreyfus Foundation Teacher-Scholar Fellowship, from 1988-93. His research program has received support from national corporations and organizations — including the RW Johnson Pharmaceutical Research Institute, the National Institutes of Health, the National Science Foundation, the US Department of Agriculture, and the Howard Hughes Medical Institute. He is also the author or co-author of 56 refereed publications and has been an invited speaker at meetings of the American Chemical Association. In 2003, he was named Dean of the J William Fulbright College of Arts and Sciences at the University of Arkansas. He became Provost and Vice President for Academic Affairs at the University of Texas, Arlington, in 2008, and was recently selected in 2011 to serve as President of the University of Arkansas System.

Becky Comet



Biographical Information: Becky Comet is originally from Belleville, Illinois, where she graduated from high school in 1978. She earned a degree in Elementary and Special Education in 1981, from Eastern Illinois University. Becky moved to Arkansas in 1982 to start her teaching career. She met JC Comet, while they were both teaching at Fuller Jr High School. JC and Becky got married in 1983, have four children, and one granddaughter.

Becky taught Special Education students as well as seventh grade math for 28 years. She taught Arkansas children in Little Rock, Blytheville, Gosnell, and Benton, finishing her teaching career at Benton Middle School. In 2011, she was a finalist on the show "The Biggest Loser." It was through this opportunity that she lost 88-pounds and learned how to live a healthy lifestyle. Becky and her husband reside in Benton, where they continue to strive to live healthy and teach others to do the same.

At the end of the 2011-2012 school year, Becky was presented with an opportunity for a new career path with the Association of Arkansas Counties. She decided to take this path in an effort to, among other things, champion change in education as well as health and fitness.

Karen Roberto



Biographical Information: Karen Roberto is Professor and Director of the Center for Gerontology and the Institute for Society, Culture and Environment at Virginia Tech. She also holds adjunct appointments in the Department of Internal Medicine and the Department of Psychiatry and Behavioral Medicine at the Virginia Tech Carilion School of Medicine. Her research program focuses on health and social support in late life and includes studies of the health of rural older women, family relationships and caregiving, and elder abuse. She is the author of over 170 scholarly articles and book chapters and the editor/author of 11 books. Dr. Roberto is a fellow of the Gerontological Society of America, the Association for Gerontology in Higher Education, the National Council on Family Relations, and the World Demographic Association. She is a recipient of the Gordon Streib Academic Gerontologist Award from the Southern Gerontological Society, the Virginia Tech Alumni Award for Excellence in Research, and the Gerontological Society of America Behavioral and Social Sciences Distinguished Mentorship Award.

Presentation: Family Structures and Caregiving in the 21st Century The structure of families is changing worldwide. While an increase in life expectancy is resulting in the greater likelihood of more multigenerational families, population trends show future generations of families with fewer members. As a result, individuals in the middle generations will feel the emotional and financial pressures of supporting both their children and older parents, and possibly grandparents simultaneously and for a longer duration than in the past. Additionally, family structures and relationships are becoming more complex, requiring a new understanding of kinship beyond the nuclear family as the conceptual and ideological standard. Older adults acquire or develop relationships as new individuals enter their lives (e.g., in-laws; grandchildren; friends). Other relationships evolve as they expand or renegotiate existing roles (eg, caregiver; sibling). Ties with partners, biological kin, step kin, chosen kin, and friends have implications for the care provided for and by old people. The goal of this presentation is to highlight changes in family structures by expanding upon normative models of kinship to develop perspectives more relevant for examining the roles and responsibilities of contemporary families in light of a rapidly expanding aging population.

Friday 4 Apr At-A-Glance

	2nd Floor Lobby	Salon A	Salon B	Salon C	Salon D	Palisades	Riverside E	Riverside W	Boardroom	Foyer
7:30AM					Breakfast with Dr David					
8:00AM	Registration Open								Silent Auction	Exhibit Booths
8:30AM		Pittman[102]	Menon[84] McCaskill[81] Williams[145] Shreeniwas[114] Chow[23]	Rosenberg[108]		Mentoring Building Your Career	Greene[46]	Marshall[76]		
10:00AM					Morning Tea Poster Session					
11:30AM		Carl[18]	Reed[105]	Erwin[37]		James[55]	Woodson[146]	Goddard[42]		
12:15PM		Lunch On Your Own								
12:15PM					Publications Committee Meeting (Plaza Grill)					
2:30PM		Bradley[14] Moore[87] Henk[49]	Kurtz[70] Smith[119] Owens[95]	Pursell[103] Durden[36]		McHaney[83] White[141] Otters[94]	Cohen[24] Sharma[113] Cozen[30]	Duncan[35] Munly[91]		
3:15PM										
3:30PM		Bauer[8]	Burggraf[16]	Teitelman[126]		Afternoon Coffee Mentoring Women in Science	Marshall[77]	Tackett[124]		
5:00PM										
	Clinton Presidential Library									
6:00PM	Presidential Gala									
10:00PM										

Friday 4 Apr Sessions

Breakfast with Dr David

7:30am to 8:30am

Salon D

Concurrent Session I

8:30am to 10:00am

Paper Sessions

Salon B

Sudha Shreeniwas and Huaibo Xin. *Emerging issues in Alzheimer's disease care in China: A review.*[114, 147]

Ishan Williams and Carol Manning. *Screening for cognitive impairment in primary care settings among African American older adults.* [145, 75]

Gina McCaskill and Kerry Littlewood. *The effect of social support on diabetes self-care among older African Americans.*[81, 73]

Shailaja Menon. *End of life care.*[84]

Rita Chow. *Transforming care: Learning from the past – thinking forward.*[23]

Symposia

Salon A

Priscilla Pittman. *The care and feeding of me.*[102]

Salon C

Ed Rosenberg, Pierre-Marie Chapon, Christian Pihet, James Peacock and Lou Tobian. *Age-friendly communities: Bridge to the future.*[108, 21, 100, 96, 129]

90-minute Workshops

Riverside West

James Marshall and Wally Goddard. *Getting our hearts right: Three keys to better relationships.*[76, 77, 42]

Riverside East

Celeste Greene. *Laughter-Fit: Putting the FUN in fitness!*[46]

Mentoring Session

Palisades

Getting LinkedIn with Amy Cole. Bring your smartphone, tablet, or iPad for hands-on participation.

Develop your career with Jesse Mason.

Morning Tea & Posters

10:00am to 11:30am

Salon D

Poster Session & Share Fair

Concurrent Session II

11:30am to 12:15pm

45-minute Workshops

Salon A

Douglas Carl. *Assuring an inclusive aging network for LGBT older adults.* [18]

Salon B

Heather Reed. *Strength training with medicine balls.*[105]

Salon C

Kathie Erwin. *Multigenerational family: Roles, redefinitions & renewal.*[37]

Riverside East

Toby Woodson. *The misuse of statistics.*[146]

Riverside West

Wally Goddard and James Marshall. *New discoveries in well-being.*[42, 77, 76]

Palisades

Theresa James. *Aging in place: Universal design and assistive technology.*[55]

Lunch on your own

12:15pm to 2:30pm

Concurrent Session III

2:30pm to 3:15pm

Paper Sessions

Salon A

Don Bradley. *The evolution of Florida later life migration destination, 1880-2007*.[14]

Ami Moore, James Swan and Cassie Castillo. *Cardiovascular disease and Hispanic immigrants: Does age group matter?*[87, 123, 19]

Jennifer Henk, Zola Moon and Frank Farmer. *An empirical analysis of custodial grandparent families in new destination states*.[49, 86, 38]

Salon B

Lisa Kurtz and Candace Ashton. *Transitioning to a household model of care: A case study*. [70, 4]

Christi Smith, Kristina Bondurant, Judith Johnston, Faye Nipps, Jerry Wicker, Janie Ginocchio, Judy Camp. *Forming a community coalition to improve activation and address hospital readmission rates: A quality improvement project*.[119, 11, 101, 58, 93, 143, 41, 17]

Myra Owens, Constance Coogle, Jenni Mathews and Edward Ansello. *Falls prevention and management for older adults with cognitive impairments: State of the evidence*.[95, 26, 78, 3]

Salon C

Kathleen Pursell. *Preventing medicare fraud and abuse*.[103]

Ashley Durden. *Navigating the financial journey*.[36]

Palisades

Donna Faye McHaney and Joyce Varner. *Adult failure to thrive: The geriatric paradigm*.[83, 135]

Jan Vinita White. *A decade of live television educates and inspires rural agers*.[141]

Rosalie Otters. *Using online formats in the service of gerontology programs*.[94]

Riverside East

Adrienne Cohen and Pamela Pitman Brown. *Transformative learning in online and face-to-face death and dying classes*.[24, 101]

Shanta Sharma. *Grandparent and grandchildren relationships: The gradndparent and grandchild role in the 21st Century*.[113]

Cathy Jo Cozen. *Grandma lived in my dining room*.[30]

Riverside West

Kelly Munly, Karen Roberto and Katherine Allen. *Understanding adult foster care provider experiences in North Carolina*.[91, 106, 1]

James Duncan and Timothy Killian. *Quality of life and aging: Conceptualization and measurement of multi-dimensional construct*.[35, 65]

Concurrent Session IV

3:30pm to 5:00pm

Symposia

Salon A

Laura Bauer and Gayle Alston. *REACHing Alzheimer's caregivers more effectively*.[8, 2]

Salon B

Virgina Burggraf and Elizabeth Armstrong. *Graduate certificate: An interprofessional program*.[16]

Riverside West

Kimberly Tackett and Aaron Adams. *AIPP Statewide collaboration "working together for emergency preparedness."*[124]

90-minute Workshops

Salon C

Jodi Teitelman and Christy Jensen. *Support for family caregivers of older adults with neurocognitive disorders: Bridging national and southern state policies*.[126, 57]

Riverside East

James Marshall and Wally Goddard. *Managing stress: Turning challenges into blessings*.[77, 42]

Mentoring Session & Afternoon Coffee

Palisades

Women in Science

Presidential Gala

6:00pm to 10:00pm

Clinton Presidential Libray

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Arkansas Gerontological Society

AGS Mission

To improve the options, choices and opportunities of mature Arkansas by convening public and private groups and individuals to share information and increase the knowledge and skills of members.

AGS was founded in 1972 and was established to do the following:

Bring people together to share information and increase their knowledge and skills

- Create initiatives to meet the concerns of older Arkansans.
- Work to overcome the myths about aging and emphasize the experience, seasoned judgment and skill older Arkansans can bring to task in solving problems.
- Develop partnerships between public and private organizations to better meet the needs of older Arkansans.
- Build a statewide Aging Network

In support of the mission, AGS offers the following:

An annual spring conference designed to educate and inform the public about issues that affect senior adults.

An annual Membership Symposium

Recognitions to Members & Community presented at our annual education conference.

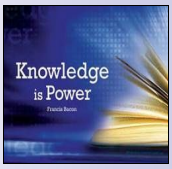
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The Arkansas Gerontological Society Executive Officers, Board Of Directors and Members extend our hearty welcome to all SGS Members and guest!

We are thrilled to have the privilege to recognize one of our own, LaVona Traywick, PhD as your reigning President and support her in the success of your conference here in our capitol city.

We are here for you, if there is any assistance we can provide, please don't hesitate to reach out!

May each of us continue to grow, partner and achieve the skills, knowledge and tools to best serve our Aging population.



Saturday At-A-Glance

	2nd Floor Lobby	Salon A	Salon B	Salon C	Salon D	Palisades	Riverside E	Riverside W	Boardroom	Foyer
7:30AM	Sign-Up for Dine-Arounds				Breakfast & Business Meeting					
8:00AM	Registration Open								Silent Auction	Exhibit Booths
8:30AM			Hosier [50]	Quell[104]		Deloach[33]	Krain[68]	Quell[104]		
10:00AM					Morning Tea Becky Comet Plenary					
11:00AM			Shreeniwas[115]	Rowles[109]			Smith[120]	Mitchell[85]		
12:30PM					Awards Luncheon					
2:00PM			Gately[40]	Stansbury		White[142]	Chang[20]	Morgan[89] Ulsperger[133] Bondurant[11] Conner[25] Jain[54]		
3:25PM										
3:35PM			Teitelman[127] Turturro[131]	Kaczor[61]		Afternoon Nibbles Mentoring Publish or Perish	Westerhof[139] Mayberry[80] Pecchioni[97] Greene[45] Duncan[34]		Silent Auction Closes	
5:30PM										
6:00PM	Dine Arounds :: Meet in the Hotel Lobby									

Saturday 5 Apr Sessions

Breakfast & Business Meeting

7:30am to 8:30am

Salon D

Concurrent Session V

8:30am to 10:00am

Symposia

Salon C

Bernard Quell, Melanie Goodell and Jacqueline Young. *Development and data-driven refinement of an Arkansas nursing home transition team.*[104, 44, 51]

Palisades

Mary DeLoach, Lynn Franquemont and Jessica Vincent. *Hearing loss: Bridging the gap from denial to rehabilitation.*[33, 136]

45-minute Workshops

Salon B

Amy Hosier. *RAAD (Raising Awareness About Disabilities): A disability and age simulation*[50]

90-minute Workshops

Riverside East

Cheryl Kaczor, Rebecca Smith, Elaine Bowen and Hannah Fincham. *Community volunteers as health motivators.*[61, 120, 12, 39]

Morning Tea & Plenary

10:00am to 11:00am Salon D

Plenary with Becky Comet

Concurrent Session VI

11:00am to 12:30pm

Symposia

Salon B

Sudha Shreeniwas, Sharon Morrison, Jigna Dharod, Andrew Young, Wier Siu, Lek Siu, Hvung Ksor, and Bhim Nie. *Family, food, and health: Hypertension in a Southeast Asian refugee community in the southeastern US.*[115, 51, 117, 116, 69, 92]

Salon C

Graham Rowles, Sarah Boehle, Chi-LIng Liou, Amy Hosier, Lucille Bearon and LaVona Traywick. *Toward a gerontologically literate society.*[109]

90-Minute Workshops

Riverside East

Rebecca Smith, Cheryl Kaczor, Elaine Bowen and Hannah Fincham. *Empowering seniors to take charge of their health and safety.*[120, 39, 61, 12]

Riverside West

Jim Mitchell. *Aging, cognition, and social gerontology.*[85]

Awards Luncheon

12:30pm to 2:00pm

Salon D

Concurrent Session VII

2:00pm to 3:25pm

Paper Presentations

Riverside West

Jennifer Craft Morgan, Cherie Rosemond, and Christina Barmon. *Direct care workforce development: Integrating lessons learned across studies to imagine next steps.*[89, 107, 7]

Jason Ulsperger, Jenny Huss and Kristen Ulsperger. *Heartfelt homebound healthcare: Exploring the motives of volunteers in senior companion programs in order to improve recruitment and retention.*[133, 52, 134]

Kristina Bondurant, Christi Smith, Judith Johnston, Faye Nipps, Jerry Wicker, Janie Ginocchio and Judy Camp. *The hospital-to-home intervention: A quality improvement project to reduce hospital readmission rates through patient activation*

and medication adherence.[11, 119, 58, 93, 143, 41, 17]

Jennifer Conner. *Leveraging clinical and community resources to engage consumers in cardiac health: The Arkansas million hearts initiative.*[25]

Meagan Jain, Candace Kemp, Mary Ball and Molly Perkins. *Being apart together: Understanding the influence of activity programming and coresident relationships in assisted living.* [54, 63, 6, 98]

Symposium

Salon C

Kim Stansbury. *Casino gambling in older adults: The good, bad, and ugly!*[122]

45-minute Workshops

Riverside East

James Chang. *Multiple intelligences: Powerful tool for 21st Century home care workers.*[20]

90-minute Workshops

Palisades

Jan Vinita White and David White. *Golfing DOGS and Mahjongg Ladies: Self-governed groups promote social capital for older adults.*[142, 140]

Salon B

Kathie Gately. *Anti-psychotropic reality reduction.*[40]

Concurrent Session VIII

3:35pm to 5:00pm

Paper Presentations

Riverside East

Caroline Westerhof. *Families in the 21st Century: Estranged ADULT children who have dysfunctional relationships their with parents.*[139]

Jennifer Mayberry. *Grandparents: Making grandchildren grander.*[80]

Loretta Pecchioni. *Role expectations and support for family caregivers.*[97]

Celeste Greene. *Increasing exercise enjoyment for older qdults: A pilot study of laughter fit.*[45]

James Duncan and Timothy Killian. *Describing and predicting QoL among older residents of long-term care facilities in Arkansas.*[34, 65]

45-minute Workshops

Salon B

Jodi Teitelman, Gabrielle Hartman, John Moossa, Kristy Uhl and Elyssa Vizzier. *Wellness and health promotion for Adult Day Services (ADS) center participants: Best practices in programming and outcomes measurement.*[127, 48, 88, 132, 137]

Carolyn Turturro, Rosalie Otters and Jina Lewallen. *An intervention to increase gerontological social work*[131, 94, 72]

90-minute Workshops

Salon C

Mark Krain. *Measures of program utilization, target effectiveness, and target efficiency.*[68]

Mentoring Session & Afternoon Nibbles

Palisades

Publish or perish with Joe Gaugler.

Dine Arounds

6:00pm

Hotel Lobby

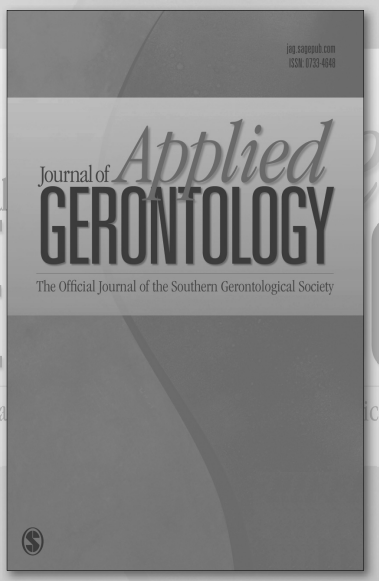
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Poster Presentations

Student Posters

Kyuyoung Cho, Hey Jung Jun and Eun Jee Lee. *Trajectories of depression in grandparents raising grandchildren.*[22, 60, 71]

Denise Cordova. *Bridging the generational gap.*[28]

Amy Correll and Dana Bradley. *Older Kenyan's views of geriatric health care services.*[29, 14]

Cathy Jo Cozen *Grandma lived in my dining room.*[30]

Celeste Greene. *Increasing exercise enjoyment for older adults: A pilot study of laughter fit.*[45]

Joyce Morgan. *The barrier effect of long-term care insurance medical underwriting policies on older US adults: A descriptive study.*[90]

Hannah Ruggles and Dana Bradley. *Reducing readmission rates: How are hospitals improving care transitions of medicare beneficiaries in compliance with the affordable care act.*[111, 13]

David Watkins and Jennifer Craft Morgan. *Older adults, alcohol use disorder, and depression: Analysis of the 2011 National Survey on Drug Use and Health.* [138, 89]

Lacy Will and Christine Jensen. *Enhancing family and professional caregiver well-being through a psychoeducational skills training program.*[144, 57]

Non-student Posters

Jaye Atkinson. *Birthday cards: Texts, images, and age associations, Oh My!*[5]

Martha Bramlett and Priscilla Stanley. *Relationship between nutritional status and skin integrity for older adults residing in long-term care settings.*[15]

Jason Crandall. *Bingocize!™: A novel program to improve functional fitness while engaging university students and the community.*[31]

Jerry Ingram. *Retirement planning.*[53]

Andrea Jennings and Mukta Kunda. *Knowledge of sexually transmitted infections among older veterans.*[56]

Cheryl Kaczor, Rebecca Smith, Elaine Bowen and Hannah Fincham. *Community volunteers as health motivators.*[61]

Christopher Kelly, Jennifer Craft Morgan, Candace Kemp and Russell Spornberger. *Exploring interstate differences in the training of the assisted living workforce.*[62, 89, 63, 121]

Jung-Hyun Kim and Janice Wassel. *The role of leisure programs in senior centers in South Korea.*[66]

Hao Liu, Qixiang Qui and Clayton Holmes. *Geriatric rehabilitation.*[74]

Jennifer Mathews, Constance Coogle, Myra Owens and Edward Ansello. *The Virginia Geriatric Education Center (VGEC): Interdisciplinary collaboration to develop and implement interprofessional education in geriatrics.*[79, 26, 95, 3]

Haley Peterson, Mary Ann Kluge and Margaret Harris. *Response survey to a mindful eating guidebook.*[99, 67, 47]

Sarah Ruff, Cassandra Bolding, Carolyn McDermott, Della Jones, Jacqueline Cook and Katonya Davison. *Grandparents raising grandchildren: A GRAND intervention.*[110, 10, 82, 59, 27, 32]

Julie Rutledge and Amy Yates. *Does engaging the aging change college students' perceptions of aging?*[112, 149]

Rebecca Smith, Cheryl Kaczor, Elaine Bowen and Hannah Fincham. *Empowering seniors to take charge of their health and safety.*[120, 61, 12, 39]

R Small, C Tiernan, YH Kwon, RM Paulson,V Imrhan, C Prasad, P Vijayagopal and S Juma. *Age-associated effect of freeze-dried grape powder on inflammatory markers and physical activity in adults with knee osteoarthritis.*[118]

C Tiernan, R Small, YH Kwon, RM Paulson, N DiMarco, V Imrhan, C Prasad, P Vijayagopal and S Juma. *Consumption of whole grape powder reduces joint pain and influences serum biomarkers in individuals with self-reported knee osteoarthritis.*[128]

LaVona Traywick, Jessica Vincent, Candace Carrie and Toby Woodson. *Sound ideas: Prevention hearing loss.*[130, 136, 146]

Tracey Yap and Susan Kennerly. *Evaluating the psychometric properties of the nursing culture assessment tool for use in long-term care.*[148, 64]

Share Fair

Elena Gonzalez. *Georgia Tech HomeLab*[43]

Cheryl Kaczor, Rebecca Smith, Elaine Bowen and Hannah Fincham. *Community volunteers as health motivators.*[61, 120, 12, 39]

Rebecca Smith, Cheryl Kaczor, Elaine Bowen and Hannah Fincham. *Empowering seniors to take charge of their health and safety.*[120, 61, 12, 39]

Kimberly Tackett and Betty Bennett. *AIPP tools and training for nursing home quality improvement and regulatory compliance.*[125, 9]

Program Abstracts

[1] Katherine Allen. Virginia Tech Department of Human Development. Co-Presenter [91]. URL: kallen@vt.edu.

[2] Gayle Alston. Rosalynn Carter Institute for Caregiving. Co-Presenter [8]. URL: gayle.alston@gsw.edu.

[3] Ed Ansello. Virginia Center on Aging at the Virginia Commonwealth University. Co-Presenter [95]. URL: eansello@vcu.edu.

[4] Candace Ashton. University of North Carolina Wilmington. Co-Presenter [70]. URL: ashtonc@uncw.edu.

[5] Jaye Atkinson. *Birthday cards: Texts, images, and age associations, Oh My!* Georgia State University. Research on birthday cards has identified many negative portrayals and extensive use of ageist humor. This study built on the past research by: 1) analyzing "age-specified" cards; 2) examining the text, image(s), and their interaction; 3) comparing "age-specified" cards with general cards; and 4) comparing the retail sources. Two selection processes occurred at 5 different retail outlets. First, every single "age-specified" card was purchased for ages 13 and over. Second, general birthday cards were randomly selected. All 278 cards were coded for sixty variables including the use of fonts and images, the use of humor, the relationship between the text and the image, the presence of various age associations (e.g., glasses/eyesight problems, hearing loss, memory loss, gray hair, wrinkles, mobility devices, etc.). Findings are complicated but briefly indicate that: 1) negative portrayals of aging can be found across card type; 2) younger (age 20 and younger) and older (age 80 and over) age-specified cards tend to be more positive than others; 3) text and images include many negative associations with aging; and 4) retail sources do have an impact on these results. These results and many more are discussed in terms of society's acceptance and endorsement of an ageist perspective. (Poster).
Contact: 25 Park Place, Suite 1128, Atlanta, GA 30303. 404.413.5668. URL: jla@gsu.edu.

[6] Mary Ball. Emory University. Co-Presenter[54]. URL: mary.ball@emory.edu.

[7] Christina Barmon. Georgia State University. Co-Presenter [89]. URL: cebarmon@gmail.com.

[8] Laura Bauer and Gayle Alston. *REACHing Alzheimer's caregivers more effectively*. Rosalynn Carter Institute for Caregiving. More than 5 million people in the United States are living with Alzheimer's disease and other dementias. Research shows that Alzheimer's caregivers are at increased risk for depression, increased morbidity and mortality, financial loss, social isolation, extreme fatigue, stress, anxiety, and upset. Caregivers need and deserve a menu of services based on their level of risk for these negative health outcomes. Cookie cutter services don't meet the complex needs they experience. As a purveyor of sound evidence-based approaches to caregiver service provision, the Rosalynn Carter Institute is tackling this issue in two ways; by funding and providing intensive technical assistance to a variety of community-based organizations across the US to implement RCI REACH (Resources for Enhancing Alzheimer's Caregivers Health), and by providing training and certification to professionals looking to deliver this effective, evidence-based caregiver support program a service for which they can receive reimbursement. Learn how implementation science increases opportunity for success in delivering evidence based caregiver supports. Discover the challenges and successes of evidence based implementation experienced in the field at the community agency level. The data analysis of the impact of RCI REACH on important caregiver outcomes will

also be shared. (Symposium).
Contact: 800 GSW Dr, Americus, GA 31709. 229.931.2034. URL: laura.bauer@gsw.edu.

[9] Betty Bennett. *AFMC / AIPP*. Co-Presenter [125]. URL: bbennett@afmc.org.

[10] Cassandra Bolding. University of West Georgia. Co-Presenter [110]. URL: cneal2@westga.edu.

[11] Kristina Bondurant, Christi Smith, Judith Johnston, Faye Nipps, Jerry Wicker, Janie Ginocchio, and Judy Camp. *The hospital-to-home Intervention: A quality improvement project to reduce hospital readmission rates through patient activation and medication adherence*. Arkansas Foundation for Medical Care. This quality improvement project uses documented models for reducing hospital readmission rates and attempts to put these into practice in a small, rural community. Its objective was to reduce 30-day hospital readmissions through a coalition-based, hospital-to-home intervention focused on patient education and activation, including adherence to follow-up care and medication reconciliation after discharge. Study design includes data collection by care transition coaches from consenting patients discharged from acute-care hospitals. Arkansas Area on Aging coaches provided data on 144 coached patients who were discharged to the home setting from two hospitals in Northwest Arkansas from August 2012 through June 2013. Analyses of trends show support for previous studies that demonstrate the significance of care transition interventions, though research in this small, rural community could not be duplicated entirely. The study provides anecdotal evidence and statistical trends that underscore the value of providing medication reconciliation and personal health record education at patient discharge. Reconciliations should include hospital case managers, hospital pharmacists, physicians, and patient or care transition coaches. Patients actively involved in understanding their personal health records and adhering to medication regimens prescribed by their doctors and correctly provided by hospitals and pharmacists have fewer hospital readmissions within 30 days. (Paper).
Contact: 1020 West 4th Street, Suite 200, Little Rock, AR 72201. 501.212.8709. URL: kbondurant@afmc.org.

[12] Elaine Bowen. West Viriginia University Extension Service. Co-Presenter [61, 120]. URL: epbowen@mail.wvu.edu.

[13] Dana Bradley. Center for Gerontology, Western Kentucky University. Co-Presenter [111]. URL: dana.bradley@wku.edu.

[14] Don Bradley. *The evolution of Florida later life migration destination, 1880-2007*. East Carolina University. Existing migration theory suggests (1) that the emergence migration flows should depend on cultural and structural linkages between origin and destination; and (2) that migration flows typically evolve in ways that, up to a point, support expanded migration and impact the composition of in-migration and out-migration streams. Few existing studies apply these key ideas to later life migration, a shortcoming in the research corpus that the present analysis seeks to address. Florida, as the historically dominant destination for later life migrants in the United States, provides a fitting case study. Discussion opens with a review of the development of tourist destinations in Florida after 1880: a series of luxury hotels linked by railway to urban centers in the northeast and established in the popular imagination as a winter resort for the affluent. The second portion of the paper exploits available census microdata, mapping county-level change across selected indicators between 1880 and 1940 in order to identify and characterize later life migration destinations emerging during the period. Individual migrants are

first identified in the 1940 census and the final portion of the paper analyzes change in the volume and composition of later life migration flows from 1940 to 2007, disaggregating "emergent" from relatively "mature" destination areas. Findings are discussed in the context of broader questions concerning later life migration impacts on receiving communities.
Contact: Brewster 412-A, Bate 2305, ECU, Greenville, NC 27858. 252.328.4838. URL: bradleyd@ecu.edu.

[15] Martha Bramlett and Priscilla Stanley. *Relationship between nutritional status and skin integrity for older adults residing in long-term care settings*. Pfeiffer University. Alterations in skin integrity are a constant concern for adults residing in long-term care facilities. These alterations cause substantial discomfort for the client and result in increased cost of care. Nutrition may be a substantial contributor to the risk for deteriorating skin integrity. The purpose of this retrospective study was to evaluate the relationship between nutrition and skin integrity in a sample of older adults (N=48) residing in a long-term care facility who had demonstrated a significant weight change during the last 6 months. Predictors of altered skin integrity included BMI, serum albumin, serum protein, clinical assessment of intake and the Braden Risk Assessment Scale. Skin integrity was measured by clinical assessment of skin integrity by caregivers. Data were analyzed with SPSS version 18 using descriptive and multivariate analyses. Food intake and serum protein were found to be significant predictors of skin integrity.Findings of this study support the importance of maintaining adequate nutrition in institutionalized older adults. (Poster).
Contact: PO Box 960, Misenheimer, NC 28036. 704.463.3006. URL: martha.bramlett@pfeiffer.edu.

[16] Virgina Burggraf and Elizabeth Armstrong. *Graduate certificate: An interprofessional program*. Radford University. Twenty percent of our population will be over 65 in 2030. The pupose of the post 12 credit BA/BS interprofessional gerontolgy certificate is to prepare students in multiple areas: busness, arts and sciences, education, psychology, health care disciplines and others to be prepared for this demographic reality. A twelve credit program consisting of two 3 credit core courses: Topics in Aging and Case Studies in Aging, with all disciplines participating, provides the framework for the core courses. The student in a particiular specialty area, then participates in a specialty class ie. Retiremnt Planning , Music Therapy for Cognitively Impaired, Mental Heath and Aging, Ethics and Aging etc. The final course is an individually designed Internship. In order to be effective and market the program, a brochure was developed and the University formed an Interpofessional Gerontology Consortium that meets every other month to evaluate outcomes and future initiatives. (Symposium).
Contact: PO Box 6964, Radforsd, VA 24142. 540.831.714. URL: vburggraf2@radford.edu.

[17] Judy Camp. Arkansas Foundation for Medical Care. Co-Presenter [119]. URL: jcamp@afmc.org.

[18] Douglas Carl. *Assuring an inclusive aging network for LGBT older adults*. Georgia Division on Aging. 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 approximate 4 million. Greater education and awareness of this of-

ten 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, in addition to creating a systematic delivery approach. DAS' ability to engage multiple State agencies and systems including Adult Protective Services, Ombudsman, Gateway/ADRC staff, and our Area Agencies on Aging has prompted a statewide response to incorporating LGBT cultural competency within the Aging network. Session Objectives: 1) to discuss the challenges and barriers facing LGBT elders, 2) to explain the need for LGBT cultural competency within Aging networks, 3) to define strategies that promote greater inclusiveness within aging networks. (Workshop).
Contact: 2 Peachtree Street, 33-455, Atlanta, GA 30303. 404.232.7984. URL: docarl@dhr.state.ga.us.

[19] Cassie Castillo. University of North Texas. Co-Presenter [87]. URL: cassie.castillo90@gmail.com.

[20] James Chang. *Multiple intelligences: Powerful tool for 21st entury home care workers*. 1199SEIU Bill Michelson Home Care Education Fund. Clients' behavioral problems are among the greatest challenges faced by home care workers. To apply effective methods of handling these challenges and practice self-care, first, workers' multiple intelligences need to be further developed. The goal of this workshop is to demonstrate how to use field-tested strategies to cultivate caregivers' multiple intelligences, which in turn can help nurture greater equanimity, patience and tolerance for stressful workplace situations. First, the concept and educational benefits of Howard Gardner's theory of Multiple Intelligences are introduced. The objective of the next segment is to show the audience how to engage caregivers in boosting their multiple intelligences. The presenter demonstrates how to achieve this goal using photos of clients' varied behavioral problems along with interactive exercise, reflective questions and small group discussions. Later, in conjunction with the demonstration, strategies that are developed based on introduced MI will be shared. A 5-minute Q&A follows. Moreover, to ensure maximum interaction and involvement at all times, the presenter incorporates PowerPoint slides, music and brain-compatible tools into presentation. Participants will leave with useful strategies and solutions that can help promote more positive and enhanced human experience for 21st century home care workers, clients and their families. (Workshop).
Contact: 330 W 42nd St, 2nd Floor, New York, NY 10036. 212.284.9281. URL: james.chang@1199funds.org.

[21] Pierre-Marie Chapon. ICADE University of Lyon. Co-Presenter [108]. URL: pierre-marie.chapon@icade.fr.

[22] Kyuyoung Cho, Hey Jung Jun, and Eun Jee Lee. *Trajectories of depression in grandparents raising grandchildren*. Yonsei University. In Korea, the number of grandparents rearing the children of dual-earning parents has significantly increased during the last decade. However, researchers have not examined how grandparenting affects the depression over time especially in Korea. This study aims to understand the trajectories of the depression and the predictors related to depression. Data were extracted from the 3 waves of Korean Longitudinal Study of Aging (KLoSA) from 2006 to 2010. The sample was composed of 6,133 grandparents. The latent growth model (LGM) was used to trace the trajectories of depression in grandparents via using Mplus. The results demonstrated that trajectories of depression steadily increased. After controlling the socioeconomic factors (gender, age, education, marital status, oc-

cupation, and family income level), trajectories of depression were negatively affected by the length of grandparenting experience on initial level as a time-invariant predictor. In addition, the trajectories of depression were negatively affected by family relationship satisfaction on each time points of depression as a time-varying predictor. Over all, the results implied the positive effects of grandparenting as productive activities in grandparents' lives, and the importance of the quality of relationships in multigenerational families. (Poster).
Contact: 50 Yonsei-ro, Seodaemun-gu, Seoul, Korea, 120-749. 108.992.1533. URL: summit_k@hanmail.net.

[23] Rita Chow. *Transforming care: Learning from the past – thinking forward*. National Council on Aging. Leprosy (Hansens Disease) patients were stigmatized and ostracized until laws changed. On January 3, 1921 National Hansen's Disease Center was created at Carville, LA., resulting in coordinated, compassionate caring. Problem: Patients with such leprosy complications as becoming blind or amputees needed self-care information and rehabilitation. Program Implemented: In 1985 goals and strategies triggered the multi-disciplinary Patient Education Committee to action. A Baton Rouge exercise demonstration team was invited and videotaped, with patients participating after entering as a Mardi Gras music-wheelchair parade. After sharing the video documentary with all three nursing shifts, the Movement and Music Therapy pilot study was launched, focused on geriatric patients. The triad teaching team measured the participants' range of joint motion – pre- and post-study. Summary of Outcome: After three months, all pilot study participants improved their upper extremity's range of motion and awarded a recognition certificate. The enthusiastically supported Movement and Music Therapy Program became an institution-wide activity. Conclusion and Application: This and other accomplishments were due to researches who achieved diagnostic ways and effectively treated leprosy. Preventing complications due to sensitivity loss has also been applied to enable diabetic patients to avoid amputations. Today, few patients remain at Carville; most are treated at Regional Clinics. (Paper).
Contact: 901 No. Monroe St. Unit 1107, Arlington, VA 22201. 703.516.2896. URL: rita.chow2@verizon.net.

[24] Adrienne Cohen and Pamela Pitman Brown. *Transformative learning in online and face-to-face death and dying classes*. Georgia Southern University. It is estimated that over 40% of college students have grieved the death of a loved one within the past two years. These personal death experiences bring multiple complexities into the classroom, including preconceived ideas of death and dying, prior experiences with loss, religious beliefs of death and dying, and questions or ideas on the hereafter. Students in two different learning environments (face-to-face and online) of the same death and dying course were given the opportunity to become familiar with the death related experiences of their colleagues. Content analysis of 67 students' journals (collected at Time 1, Time 2, and Time 3) was done to determine themes related to learning. One consistent theme between the two groups related to transformative learning. Consistent with the perspective of transformation, students' journal entries indicate that deeper learning takes place when a reframing of their own cultural experiences of death occurs through an increased knowledge of the contrasting experiences of other students. This took place through a range of learning strategies and these learning strategies varied with the learning environment. Results here will be helpful to professors looking to better understand how learning in online and face-to-face environments is similar and different. (Paper).

Contact: 1360 Southern Dr, Statesboro, GA 30460, 912.478.5012. URL: acohen@georgiasouthern.edu.

[25] Jennifer Conner. *Leveraging clinical and community resources to engage consumers in cardiac health: The Arkansas Million Hearts Initiative*. Arkansas Foundation for Medical Care. With aging comes concern about cardiovascular disease, the leading cause of death worldwide. The Arkansas Foundation for Medical Care (AFMC) used a multi-sector approach to implement the Million Hearts health initiative across Arkansas to help prevent 1 million heart attacks and strokes by 2017. Successful interventions and activities were organized within four systems (healthcare, faith-based, community-at-large, and municipality). Innovative strategies to reach and engage the community, including minority populations, evolved during the implementation process. Examples include using electronic health record data to identify, manage, and treat factors impacting heart health; encouraging provider-patient communication and health promotion through social media; disseminating "Bless Your Heart Toolkits" to develop health ministries and heart-health programs in churches; distributing "Library Engagement Toolkits" to create health stations within libraries and to help librarians promote, educate, and inform the public; engaging community health workers to promote the use of blood measure monitors in grocery stores, senior centers, postal stores, and parks; and developing citywide Million Hearts proclamations and resolutions. Collaboration has been key in collecting data, compiling emerging evidence/best practices, and highlighting Million Hearts success stories. Sustainability of Million Hearts efforts has been addressed through coalition building, cultural awareness, and system/policy change. (Paper).
Contact: 1020 4th Street, Little Rock, AR 72201. 501.212.8683. URL: jconner@afmc.org.

[26] Constance Coogle. Virginia Center on Aging at the Virginia Commonwealth University. Co-Presenter [95].
URL: ccoogle@vcu.edu.

[27] Jacqueline Cook. University of West Georgia.
URL: jackiecook07@gmail.com.

[28] Denise Cordova. *Bridging the generational gap*. Henderson State University. The attitudes of youth are reflective of the attitudes of society and it is important for both young and old to have clearly defined and reciprocal roles and expectations. Understanding is the first step in bridging the generational gap between younger and older populations. Mutual understanding and common goals will enable elderly members of society continue as welcome, vital participants. This research is an attempt at defining and documenting how the role of the elderly population is currently viewed by society based upon data collected from college students attending Henderson State University. (Poster).
Contact: 1100 Henderson St, Arkadelphia, AR 71999. 870.230.5162. URL: cordovd@hsu.edu.

[29] Amy Correll and Dana Bradley. *Older Kenyan's views of geriatric health care services*. Center for Gerontology Western Kentucky University. While generally respected in Kenya, Elders are not primary recipients of health care services in later life. This research documented the need for geriatric specific care and the availability of resources was seniors in Migori, Kenya. Lastly, a set of 5 recommendations was developed to guide the delivery of health services provided to older residents in this small village of 6,000. Using an approved research protocol, 25 elders and 3 key informants were interviewed in August 2013 with the assistance of a translator. Descriptive statistics were

used to analyze the vital and nutrition profiles and narrative analysis was used to determine primary and secondary themes in respondent's health lives. Because of the high prevalence of HIV Aids, many elders have lost their own children and are the primary caregivers for their grandchildren. Older Kenyan's are chronically underweight, malnourished and at risk for many chronic diseases. This group of elders was no exception. Issues of food availability and the constant caregiving strain meant that many elders faced stark choices: feed their grandchildren or themselves. Personal health concerns were secondary and interviewees report widespread discouragement from using what little formal health services existed. (Poster).
Contact: 1906 College Heights Blvd, Bowling Green, KY 42101. 270.745.2356. URL: amy.correll1062@topper.wku.edu.

[30] Cathy Jo Cozen. *Grandma lived in my dining room*. Retired Longtermcare Ombudsman. After living in my dining room for 8 years 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 has provided me with the opportunity to regain some control of my life and reduce primary caregiver stress. What differences if any exist between this unique alternative housing situation and a traditional private residential care facility? If differences exist, what are the differences? (Paper, Poster).
Contact: 2870 Sugarman Ct, La Jolla, CA 92037-2139. 858.386.3860. URL: cjcozen@gmail.com.

[31] Jason Crandall. *Bingocize!™: A novel program to improve functional fitness while engaging university students and the community*. Western Kentucky University. Physical activity has been documented to provide benefits in older adults including improvements in mobility, balance, and activities of daily living (ADLs), yet the majority of older adults are not physically active (ACSM, 2010). To address this problem, a collaborative partnership was formed between a service coordinator and a local university. This collaboration resulted in a replicable program called Bingocize™. Bingocize consists of two-three 60 minute sessions per week. Each session begins with the participants sitting at tables with bingo cards, balance pads, and resistance bands. After every two exercises, a letter and number combination is announced for the game. This pattern of exercises is followed by calling a bingo letter/number combination. Small household products are awarded to the winner. The participants significantly improved functional fitness including mobility, balance, muscular strength, and flexibility. Also, because university students created and administered the program, the social engagement between the participants and the community was extremely positive. With the help of trained community partners such as a local college, YMCA, or participant volunteers, this program can be easily replicated. Bingocize™has proven to be an inexpensive, effective, enjoyable, and easily replicated model to improve mobility, balance, and other measures of functional fitness. (Poster).
Contact: Smith Stadium East #1058, Bowling Green, KY, 42101. 270.745.2077. URL: jason.crandall@wku.edu.

[32] Katonya Davison. University of West Georgia. Co-Presenter [110].
URL: kdavison924@msn.com.

[33] Mary DeLoach, Lynn Franquemont, and Jessica Vincent. *Hearing loss: Bridging the gap from denial to rehabilitation*. Pinnacle Hearing. Hearing loss plays a key role in quality of life. Individuals who are hearing impaired are more likely to report symptoms of depression, dissatisfaction with life, reduced functional health, and withdrawal from social activities. Research has shown that only 1 out every 5 hearing impaired individu-

als who could benefit from an assistive listening device current utilizes one. The presenters will accomplish these three items: 1. Discuss prevalence, signs and causes of hearing loss. As well as examine who should refer a hearing impaired individual for services. 2. Review how to prevent hearing loss and identify decibel ratings for common noises. 3. Study assistive listening devices, advancements in hearing technology, and telecommunication equipment. Demonstrate how to obtain assistance through state equipment distribution programs for telecommunication equipment. (Symposium).
Contact: 12911 Cantrell Road, Little Rock, AR 72223. 501.260.8000. URL: pinnaclehearingar@gmail.com.

[34] James Duncan and Timothy Killian. *Describing and predicting QoL among older residents of long-term care facilities in Arkansas*. University of Arkansas. The purpose of this study was to describe and to predict variations in Quality of Life (QoL) among Arkansans who were 65 years old and older and residing in Long-Term Care facilities. QoL has been the subject of debate among researchers and policymakers. The conceptualization and measurement of QoL reflects a break from traditional and clinical measures of physical and mental function by incorporating persons' subjective evaluations of how their health impacts their lives on a daily basis. QoL is a broad concept reflecting a range of life circumstances that may include not only physical and cognitive function, but psychological health, social interactions, ability to self-care, and engagement in life, leisure, and recreation. This study relied on a convenience sample of Arkansas LTC residents who were 65 years old and older and who did not demonstrate cognitive impairments. Assessments of QoL, depression, self-care abilities, and family relationships were conducted. In addition, an assessment of participation in recreation and leisure activities was developed and implemented in the study. This paper describes variations in residents' QoL and how it varies as a function of physical and mental health assessments, family relationships, and participation in recreation and leisure activities. (Paper).
Contact: 1485 N Timbercrest Ave, Fayettevile, AR 72704. 479.935.0306. URL: jmduncan@email.uark.edu.

[35] James Duncan and Timothy Killian. *Quality of life and aging: Conceptualization and measurement of multidimensional construct*. University of Arkansas. Quality of Life (QoL) is a construct often used in informal discussions by researchers and healthcare providers. However, efforts to utilize QoL as a construct in research are increasing. The construct is broad and multidimensional indexing not only clinical measures of physical and mental health, but also peoples' subjective experiences of their health and even the quality of their social relationships. There is a great variation in how QoL is conceptualized and measured leading to confusion. Consequently, the use of the QoL measures in research has been controversial and avoided by many researchers. Nevertheless, QoL and older persons' subjective perceptions of their health are being emphasized in long-term care and assisted living assessment. For example, a new emphasis in the development of MDS 3.0 is to require more interview data collected directly from long-term residents to assess their subjective experience of health. This paper is the result of an integrative literature review that traces the history of the QoL construct, discusses the utility of QoL in research, provides an overview of the variegated approaches to measurement, and how the construct is used gerontological research. Implications for the use and non-use of QoL in research are discussed. (Paper).
Contact: 1485 N Timbercrest Ave, Fayetteville, AR 72704. 479.935.0306. URL: jmduncan@email.uark.edu.

[36] Ashley Durden. *Navigating the financial journey*. University of Arkansas, Division of Agriculture Research and Extension. As we get older, we would like to think that our finances will continue to improve. This is not always the case. Over 160,000 people are living with food insecurity which is caused by financial hardships, according to a report done by the Division of Aging and Adult Services, through the Arkansas Department of Human Services. In the United States, 48% of the elderly population are "economically vulnerable" which is defined as having as income that is less than two times the supplemental poverty threshold per the 2013 Economic Policy Institute Briefing Paper. Navigating the Financial Journey is a four hour workshop designed to teach the basics of financial management usually taught over the course of four weeks. Multi session lessons were the main method utilized throughout the year centered on budgeting, saving, money and credit management. Through the teaching of these basics functions, one hundred percent of participants reported having an increased knowledge of finance management. Fifty-nine percent reported an actual change in their financial well-being. With such results, replication of program will be done yearly, in hopes that the 48% of the elderly population in economic hardships will decrease greatly. (Paper).
Contact: 2901 W Roosevelt Rd, Little Rock, AR 72204. 501.340.6650. URL: adurden@uaex.edu.

[37] Kathie Erwin. *Multigenerational family: Roles, redefinitions & renewal*. Regent University. The new Multigenerational Family System requires an expanded approach beyond traditional family systems theory. Baby Boomers are driving a new direction of active aging with retirement that is being compromised by the return of Boomerang Adult Children, extended elder caregiving, gray divorce and parenting grandchildren. In ways not anticipated, many Boomers are unprepared for the financial, social and lifestyle pressures of a primary responsibility for a 3-5 generation household. Helping the new Multigenerational Family System to become a cohesive unit requires guiding them in dealing with roles, redefinitions and reciprocity. These 3 R's of successful multigenerational family interaction will be shown in case examples. Approaches will be shown for developing multigenerational family interactions such as Cooperative Journaling, Family Theatre and Picture This. (Workshop).
Contact: 1000 Regent University Dr, Virginia Beach FL 23464. 727.744.5044. URL: kerwin@regent.edu.

[38] Frank Farmer. University of Arkansas. Co-Presenter [49]. URL: flfarmer @ uark.edu.

[39] Hannah Fincham. West Virginia University Extension. Co-Presenter [61, 120]. URL: hannah . fincham @ mail . wvu.edu.

[40] Kathie Gately. *Anti-psychotropic reality reduction*. Office of the State LTC Ombudsman. An indepth presentation on CMS anti-psychotrophic drug reduction initiative to include guidance for the Home Thermostat Tool (HTT). HTT was developed by this presenter and produced in partnership with AFMC/AIPP. It is designed to assist nursing homes, residential care and assisted living facilities with a tangible tool to evaluate and discover behavioral "hot spots" throughout their perspective homes. Yet, is applicable to individual home settings. This tool will guide you to objectively listen, look and discuss what root causes within the facility or home setting may be promoting behaviors, and what alternatives and rearrangements you may utilize to decrease behaviors and differentiate between abnormal and normal behavior. This presentation is listed on the Advance Excellence Campaign website and the HTT is currently nationally utilized. (Workshop).

Contact: 3209 Jack Mann Rd, Little Rock, AR 72210. 501.319.3382. URL: kathie.gately@arkansas.gov.

[41] Janie Ginocchio. Arkansas Foundation for Medical Care. Co-Presenter [119]. URL: jwicker@afmc.org.

[42] James Goddard Wally Marshall. *New discoveries in well-being*. University of Arkansas. Much of what we do to make ourselves happier and more productive makes us sadder and more stressed. New discoveries in positive psychology point us to simple and sensible things we can do to flourish both personally and professionally. Come join us as we discuss these research-based keys to personal happiness and well-being in a fun and creative way. (Workshop).
Contact: 2301 S University Ave, Little Rock, 72204, AR. 501.671.2202. URL: wgoddard@uaex.edu.

[43] Elena Gonzalez. *Georgia Tech HomeLab*. Georgia Tech Research Institute. As the older adult population continues to grow, industries are focusing on developing technologies for seniors. Many of these emerging innovations are intended to support independent living, however, there is a lack of in-home research for older adult consumers. Georgia Tech's HomeLab initiative provides the capability to conduct in-home research to support the development of innovative technologies that promote health, wellness, and independence for older adults. HomeLab brings together a multidisciplinary team of scientists and engineers and a community of older adults interested in participating in research within the home environment. The HomeLab participant database contains a variety of demographic, health, and lifestyle information for the 501 older adults enrolled (Mage=71.8; range: 52-100). HomeLab collaborates with industry and academia to facilitate innovation and expedite research. Projects have included an evaluation of an in-home medication dispenser, a diary study of technology use, a longitudinal assessment of older adults' use of and attitudes toward activity trackers, an evaluation of a remote health monitoring system, and surveys about voting accessibility, social media use, and consumer packaging issues. The goals of HomeLab include examining longitudinal trends in health and well being and investigating how older adults adopt and use health and wellness products. (Share Fair).
Contact: 260 14th St, Atlanta, GA 30332-0837. 404.407.8621. URL: elena.gonzalez@gtri.gatech.edu, www.homelab.gtri.gatech.edu.

[44] Melanie Goodell. University of Arkansas For Medical Services. Co-Presenter [104]. URL: megoodell@uams.edu.

[45] Celeste Greene. *Increasing exercise enjoyment for older qdults: A pilot study of laughter fit*. Gerontology Institute, Georgia State University. Despite physiological and psychological health benefits of physical activity (PA), and risks of physical inactivity, many older adults do not accumulate sufficient levels of PA to achieve associated health benefits. Lack of enjoyment when exercising may be a barrier to PA participation among older adults. This study posits that by combining Laughter Yoga (self-simulated laughter using laughter exercises, clapping, affirmative chanting, and yogic breathing) with a moderate-intensity exercise program, the Laugher-Fit program will increase exercise enjoyment, thereby improving exercise satisfaction and adherence among older adults in personal care home (PCH) facilities. The 12-week study shall utilize a quasi-experimental design guided by a program theory framework with pre- and post-intervention comparisons among and between intervention groups in two PCH facilities participating in twice-weekly Laughter-Fit or traditional exercise program. Exercise enjoyment shall be assessed both pre- and post-intervention utilizing in-person

interviews. Program participation rates tracked via participant sign-in sheets will assess post-intervention program adherence rates. Intervention program satisfaction and engagement shall be collected post-intervention using participant and staff focus group data. The intended outcome is to achieve implementation of a laughter and exercise program that increases the adherence and health outcomes of older adults. Implications for practice changes will be discussed. (Paper, Poster).
Contact: 973 Edgewood Avenue, Unit 4, Atlanta, GA 30307. 678.596.6979. URL: cgreene12@student.gsu.edu.

[46] Celeste Greene. *Laughter-Fit: Putting the FUN in fitness!* Gerontology Institute, Georgia State University. Even though older adults can achieve physiological and psychological health benefits from participation in physical activity (PA), many older adults are not physically active and therefore to do not accumulate sufficient levels of PA to obtain the associated health benefits. Lack of enjoyment of exercise programming may be a barrier to PA participation among older adults. The workshop facilitator seeks to demonstrate an innovative approach to enjoyable PA that combines the foundational elements of Laughter Yoga (unconditional, self-simulated laughter elicited through unique laughter exercises, clapping, affirmative chanting, deep yogic breathing, generating a sense of childlike playfulness, and eye contact) with a traditional moderate-intensity exercise program geared toward the sedentary older adult population. During the 90-minute workshop session, the presenter seeks to: (1) describe the Laughter Yoga practice and the Laughter-Fit program, (2) outline the program theory evaluation framework that shall be utilized to implement and evaluate the effectiveness of the Laughter-Fit PA program in improving exercise enjoyment, and program satisfaction and adherence in a future pilot study, (3) facilitate an interactive seated Laughter-Fit exercise session, and (4) obtain participant feedback on perceived program efficacy and potential implementation strategies. (Workshop).
Contact: 973 Edgewood Avenue, Unit 4, Atlanta, GA 30307. 678.596.6979. URL: cgreene12@student.gsu.edu.

[47] Margaret Harris. *Casino gambling in older adults: The good, bad, and ugly!* University of Colorado at Colorado Springs. Casino gaming is an enticing leisure activity for a significant number of older adults (aged 60+). For some seniors, gaming is a stimulating non-addictive activity; however, for others it can become a life-altering and destructive addiction. Casino gaming is a divisive topic in the literature. In this workshop, I will briefly discuss the literature on gaming and strategies to assist practitioners in providing assistance to older individuals and family members with gambling-related problems. (Poster). Co-Presenter [99]. URL: mharris5@uccs.edu.

[48] Gabrielle Hartman. Virginia Commonwealth University. Co-Presenter [127]. URL: hartmang@vcu.edu.

[49] Jennifer Henk, Zola Moon, and Frank Farmer. *An empirical analysis of custodial grandparent families in new destination states*. University of Arkansas. Changes in Hispanic migration patterns have resulted in areas of the Southeast and Midwest becoming designated as "New Destination" states. At the same time, multigenerational families are on the rise and are more likely to be found in areas with new immigrants, housing shortages, and high costs of housing, according to the Census Bureau. The purpose of this paper is to examine the effects of rurality and community characteristics for relying on grandparents as primary caregivers for young children of immigrants. This paper considers households in which grandparents have primary responsibil-

ity for their grandchildren and specifically compares these custodial grandparent families in Hispanic migrant populations to native resident populations and more established Hispanic populations. Using the most recent American Community Survey PUMS data, the analysis compares grandparent-headed households with custodial responsibility and without. Results guide policy recommendations, particularly for underserved rural areas. A contextual and interdisciplinary perspective would be useful for understanding needs and developing supports for these new populations of custodial grandparents. (Paper). Contact: 118 HOEC, Fayetteville, AR 72701. 479.575.7538. URL: jhenk@uark.edu.

[50] Amy Hosier. *RAAD (Raising Awareness About Disabilities): A disability and age simulation*. University of Kentucky. The University of Kentucky Family Consumer Sciences RADD program (Raising Awareness About Disabilities) highlights how simulations based on an empathic model can contribute to quality caregiving. Participants of RAAD develop a better understanding of the effects age related changes in sensory and motor function have on daily activities and community living. Participants also experience an increase in sensitivity to the feelings provoked when functional skills are impaired and independence is compromised. Adaptive equipment is incorporated in this activity to help participants better understand ways in which the environment and various technologies can contribute to independence, safety and life quality in both the home and community. Activity Objectives: Experience common disability and age-related changes in sensory and motor function and the effects such changes can create for daily living and independence. Experience the environment of an older adult and the physical requirements necessary for accomplishing tasks basic to community living. Examine personal actions and reactions to impairment and compromised independence. Explore personal attitudes/attitudes of others regarding aging and older adults. Increase sensitivity and empathy with the physical, emotional and environmental experiences of older adults. Consider the truths and myths of disability and old age. (Workshop). URL: amy.hosier@uky.edu.

[51] Jacqueline Huff. Division of Aging and Adult Services. Co-Presenter [104][115]. URL: jacqueline.huff@arkansas.gov.

[52] Jenny Huss. Area Agency on Aging of West Central Arkansas. Co-Presenter [133]. URL: jhuss@seniorspecialists.org.

[53] Jerry Ingram. *Retirement planning*. University of Arkansas at Pine Bluff. The purpose of this study was to examine general, financial, work, health, and lifestyle retirement planning. Specifically, this study examined the relationship between: a) role clarity and current and future retirement planning; and b) internal locus of control and current and future retirement planning. Secondary purposes were to examine: a) the relationship between internal locus of control and role clarity; b) the relationship between internal locus of control and past retirement planning; c) the effect of past retirement planning on current and future retirement planning; and d) the effect of past retirement planning on role clarity. Results indicate that baby boomers have low role clarity and high internal locus of control; they have engaged in some overall retirement planning; they are not currently planning; and they intend to further engage in retirement planning. Structural equation modeling results indicate that role clarity does not predict current or future overall retirement planning, nor does internal locus of control. Internal locus of control predicts role clarity, and past overall retirement planning predicts current and future overall retirement plan-

ning and role clarity. It is important to fund, implement, and maintain retirement education programs to engage baby boomers to plan for retirement. (Poster).
Contact: 1200 N University Drive, Mail Slot 4988, Pine Bluff, AR 71601. 870.575.8168-=. URL: ingramj@uapb.edu.

[54] Meagan Jain, Candace Kemp, Mary Ball, and Molly Perkins. *Being apart together: Understanding the influence of activity programming and coresident relationships in assisted living*. Georgia State University. Facility-based activity programming represents a potentially important intervention site for enhancing coresident relationships in assisted living (AL) settings. Yet research has not explored systematically the influence of activities on coresident ties. Drawing on qualitative data collected from a three-year, mixed-methods study, this paper examines how activity programming influences coresident relationships. Using modified grounded theory, we analyze data from formal in-depth interviews with residents and staff alongside participant observation and informal interviews conducted over a one-year period in eight AL communities. Activities facilitate positive and negative relationships by providing opportunities for neighboring and anti-neighboring behaviors. Findings show that to varying degrees all residents are engaged in the process of "being apart together" in that they share a common space and participate together in daily life, especially activities, but residents also often are separate from one another, especially in terms of emotional closeness and engagement in one another's lives. A variety of resident (eg, interests, health, family involvement) and facility factors (eg, staff training; facility size, location, resources, administrators' attitudes) influence activity participation and consequently, the process of being apart together. We conclude by suggesting various strategies for strengthening activity programming in ways that foster positive coresident interactions and consequently, resident well-being. (Paper).
Contact: One Park Place, Suite 602, Atlanta, GA 30303. 678.447.7914. URL: mjain1@student.gsu.edu.

[55] Theresa James. *Aging in place: Universal design and assistive technology*. University of Arkansas, Division of Agriculture Research and Extension. To educate individuals on universal design and assistive technology available through products, tools, and equipment as well as design principles in order to help senior adults age in place successfully and disabled individuals live independently: understand the concept of universal design , recognize products with universal design, and identify ways they could use these products in their own homes. This program is broken down into six lessons: (1) Introduction to using universal design and assistive technology, (2) Bedrooms, bathrooms, and basic self-care, (3) Meal preparation, (4) Home maintenance and household fun, (5) Housing options, and (6) Staying healthy at home. This material can be presented all at once, or by breaking down the sections into anywhere from two to six units. It is hands on and provides attendees an opportunity to see and feel various products. (Workshop).
Contents: 400 S Washington, Hope, AR 71801. 870.777.5771. URL: tjames@uaex.edu.

[56] Andrea Jennings and Mukta Kundu. *Knowledge of sexually transmitted infections among older veterans*. Geriatric Research Education and Clinical Center: Louis Stokes Department of Veterans Affairs Medical Center. There is limited published research regarding the knowledge of sexually transmitted infections (STIs) among older Veterans. This exploratory pilot study was conducted in a variety of outpatient clinic settings at a Veterans Administration

Medical Center. The Knowlede of Sexually Transmitted Infections Survey was utilized and administered to 95 male Veterans over the age of 60. Preliminarily results illustrated that most participants (72%) agreed that STIs is a disease that is transmitted by sexual contact, 61% agreed that STIs are sometimes incurable, 62% believed that STIs could affect reproductive organs if not treated appropriately, 65% believed that STIs are only a problem for young people, 72% agreed that one could have a STI without having signs and symptoms, and 32% thought that there is not a need to get treated for STIs when one is older. Regarding knowledge about specific STIs, mean knowledge scores for each STI ranged from 1.84 to 2.69 on a five point Likert scale. Older Veterans were least knowledgeable about Chlamydia and most knowledgeable about HIV. It is essential that VA health care providers include age-appropriate education and prevention strategies in their plan of care to increase knowledge regarding STIs among older Veterans. (Poster).
Contact: 10701 East Boulevard 111C(W), Cleveland, OH 44103. 216.392.0063. URL: andrea.jennings2@va.gov.

[57] Christy Jensen. The Riverside Center for Excellence in Aging and Lifelong Health. Co-Presenter [126] [144].
URL: cjensen@excellenceinaging.org.

[58] Judith Johnston. Arkansas Foundation for Medical Care. Co-Presenter [119].
URL: jjohnston@afmc.org.

[59] Della Jones. University of West Georgia. Co-Presenter [110].
URL: dellaj@yahoo.com.

[60] Hey Jung Jun. Yonsei University. Co-Presenter [22].
URL: hjjun@yonsei.ac.kr.

[61] Cheryl Kaczor, Rebecca Smith, Elaine Bowen, and Hannah Fincham. *Community volunteers as health motivators*. West Virginia University Extension Service. Regular physical activity plays a major role in decreasing the risks and managing many chronic diseases. Although benefits of physical activity are well known, most adults are not active enough to gain these health benefits. West Virginia University Extension Service, with involvement of Community Educational Outreach Service (CEOS), created The Health Motivator Initiative. This initiative aims to increase personal health awareness and physical activity habits among West Virginia CEOS club members. CEOS is a community based education and service organization for adults (predominantly older women), with clubs throughout West Virginia. The program incorporates gentle physical activities, social support, motivation and researched-based health tips into monthly club activities led by designated club "Health Motivators." The initiative began in 2007 and has become a regular part of CEOS club monthly meetings. The program includes On the Move Calendar with health tips and physical activity tracker and leader's guide with monthly talking points and quick club activity. Program outcomes and impacts include; gained health knowledge, improved health habits and overall health (weight, blood pressure, blood sugars). Participants will gain experience with the Health Motivator curriculum and learn strategies to integrate and/or adapt into existing programs and groups. (Workshop, Share Fair, Poster).
Contact: PO Box 309, Moundsville, WV 26041. URL: cheryl.kaczor@mail.wvu.edu.

[62] Christopher Kelly, Jennifer Craft Morgan, Candace Kemp, and Russell Spornberger. *Exploring interstate differences in the training of the assisted living workforce*. University of Nebraska at Omaha. Unlike skilled nursing facilities, which are certified by the Center for Medicare and Medicaid Services (CMS) and have uniform basic training requirements across the United States, assisted living or adult care homes (ACH) are

not federally regulated. This lack of federal regulation means that state level requirements for the amount and content of training varies greatly across the country. The goal of our study is to analyze state training requirements for direct care workers in ACH in order to understand the patterns and variation in legislated training requirements and develop a set of recommendations for policy development. Design and Methods: We conducted a content analysis of the current training-related laws for the ACH industry in all states. Using an excel spreadsheet we systematically coded and compiled data for 25 variables related to training. Results: Regulatory requirements for the ACH workforce vary widely. In addition to differences in base requirements prior to hiring (e.g., minimum age, criminal background check, listing on elder or other abuse registry), there is also a lack of uniformity of the content and amount of training required. There are a growing number of new training requirements (e.g., workforce medication management, infection control, and behavior management) being implemented. Implications: While training regulations in ACH are inconsistent across the U.S., the core training requirements that exist in several states form the basis of our recommendations for training requirements for other states or for federal implementation. Implications for training quality, care quality and policy development will be discussed. (Poster). URL: cmkelly@unomaha.edu.

[63] Candace Kemp. Georgia State University. Co-Presenter[54, 62]. URL: ckemp@gsu.edu.

[64] Susan Kennerly. University of North Carolina at Charlote. Co-Presenter [148].

[65] Timothy Killian. University of Arkansas. Co-Presenter [35], [34]. URL: tikillian@uark.edu.

[66] Jung-Hyun Kim and Janice Wassel. *The role of leisure programs in senior centers in South Korea*. University of North Carolina at Greenboro. The rapid increase in life expectance in South Korea to over age 80 in the past few decades has resulted in Korean older adults in a relative new lengthy status of retirement of having 25 or more remaining years out of the labor force feeling unproductive. Unfortunately some negatives have been noted in the growing senior population (e.g. increased alcoholism, isolation, poverty, negative health outcomes, and suicide). Growth in Senior Centers and programming has becoming an avenue to reach older Korean; however systematic evaluation of leisure programs has been limited. This unique study presents the results from multi-centers in South Korea. A total of 406 older adults were interviewed using image-based poster image cards to determine interest in leisure program. Older adults reported greater interest in active programs such as dance, sports and health. Differences were found by educational attainment with higher educated reporting more interest in computer programs. Recommendations for future programs are discussed. (Poster). URL: improvejh@gmail.com.

[67] Mary Ann Kluge. University of Colorado at Colorado Springs. Co-Presenter [99]. URL: mkluge@uccs.edu.

[68] Mark Krain. *Measures of program utilization, target effectiveness, and target efficiency*. University of Arkansas at Little Rock. Utilization, Target Effectiveness and Target Efficiency are not usually thought of as high-powered techniques of evaluation. Data on these measures often do not appear at all in many evaluation studies and reports. But they do answer many policy-sensitive questions about how many people are using the program being evaluated, the extent of community penetration, and whether the program is delivering its services and benefits to the

right people. This presentation reviews these measures and elaborates a number of intermediate concerns such as how to define Units of Service and whether to base these measures on data on the number of clients or on Units of service, or on geographical "catchments." (Workshop).
Contact: 2801 South University Ave, Little Rock, AR 72204. 501.569.3563. URL: makrain@ualr.edu.

[69] Hvung Ksor. Guilfor College. Co-Presenter [115]. URL: ksorh@guilford.edu.

[70] Lisa Kurtz and Candace Ashton. *Transitioning to a household model of care: A case study*. University of North Carolina Wilmington. In long-term care facilities, there has been a new focus on a concept of care known as the "household model (HHM)." This approach focuses on physically dividing LTC facilities into homes ranging from 6-24 residents per "house." Research to date indicates the household model of care shows an increase in resident tasks (i.e., greater self-performed eating), as well as less daytime sleepiness and less restraint use (Chang et al., 2013). The purpose of this study was to document and give meaning to the transition of one agency to a HHM of care. Grounded theory methods using participant observation and semi-structured interviews with residents, family members and staff were utilized pre and post-transition to a newly established "house" within the facility. Participant observations focused on the transition process while interviews focused on perceived expectations, benefits, challenges and ways challenges were negotiated. Results highlight the challenges encountered by staff in transitioning to a HHM, such as anxiety surrounding the unknown, blended roles and staff accountability. Family expectations and concerns centered around perceived levels of care and adjustment. Most residents embraced the changes associated with the transition. Recommendations are made for making the transition to a HHM effective and efficient. (Paper).
Contact: 601 S College Rd, Wilmington, NC 28403. 910.962.7794. URL: lak4388@uncw.edu.

[71] Eu Lee. Yonsei University. URL: leejeniffer@hanmail.net.

[72] Jina Lewallen. Eastern Tennessee State University. Co-Presenter [131]. URL: lewallenj@mail.etsu.edu.

[73] Kerry Littlewood. East Carolina University. Co-Presenter [81]. URL: littlewoodk@ecu.edu.

[74] Hao Liu, Qixiang Qui, and Clayton Holmes. *Geriatric rehabilitation*. University of North Texas Health Science Center. Qi-Gong, along with Tai Chi, is one of the most commonly performed exercise programs among older adutls in China. Qi-Gong is one of the martial arts that emphasize acupoint activation during body movement. The aim of this study was to ascertain whether the Ba-Duan-Jin (BDJ, one of the most popular and simple Qi-Gong in China) had effects on improving balance and enhancing quality of life among older adults. Eighteen older adults were qualified and recruited for this study in local retirement communities. Assessments for pre- and post- intervention included single leg stance (SLS), chair rising test (CRT), Tinetti Balance Test (TBT), Modified Falls Efficacy scale (MFES), and SF-12 for quality of life were tested among the subjects. After 12-week (3 times per week) BDJ training, significant improvements were identified in SLS, CRT, TBT, MFES, and SF-12 (all $p < 0.05$). The results indicate that the BDJ (Qi-Gong) can improve balance, lower extremity strength, quality of life, and decrease fear of falling among older adults. This may provide clinicians more choices of exercise programs to consider for older adults living in senior communities. (Poster).
Contact: 3500 Camp Bowie Blvd, Fort

Worth, TX 76107. 817.735.2457. URL: howe.liu@unthsc.edu.

[75] Carol Manning. University of Virginia, Department of Neurology. Co-Presenter [145]. URL: cm4r@virginia.edu.

[76] James Marshall and Wally Goddard. *Getting our hearts right: Three keys to better relationships*. University of Arkansas. "We all hope to have good relationships in our lives" thriving marriages and families, close friendships, and well functioning teams at work. And yet, along the way we all encounter conflict and disagreements. Even with our best efforts and intentions, we bump into conflict regularly. This workshop focuses on how individuals and family members too often become "stuck" in negative perceptions. Getting Our Hearts Right reviews several forms of human bias and provides steps to overcome these so that all relationships, especially family ones, can be healthier. (Workshop).
Contact: 2301 S University Ave, Little Rock, 72204, AR. 501.671.2202. URL: jpmarshall@uaex.edu.

[77] James Marshall and Wally Goddard. *Managing stress: Turning challenges into blessings*. University of Arkansas. Stress comes in many forms. It can overwhelm us or bless us. There are two tools that can help us turn challenges into blessings. Come and learn to use the two tools and receive a free copy of the Managing Stress: Turning Challenges into Blessings workbook developed by the University of Arkansas Cooperative Extension Service. (Workshop).
Contact: 2301 S University Ave, Little Rock, 72204, AR. 501.671.2202. URL: jpmarshall@uaex.edu.

[78] Jenni Mathews. Virginia Center on Aging at the Virginia Commonwealth University. Co-Presenter [18]. URL: jhmathews@vcu.edu.

[79] Jennifer Mathews, Constance Coogle, Myra Owens, and Edward Ansello. *The Virginia Geriatric Education Center (VGEC): Interdisciplinary collaboration to develop and implement interprofessional education in geriatrics*. Virginia Commonwealth University. Interdisciplinary curriculum development is proving to be extremely valuable for training current and future health professionals to work interprofessionally. The Virginia Geriatric Education Center (VGEC) is an interdisciplinary collaboration of three Virginia universities. The team has met for 2.5 hours twice monthly over the last three years to plan, deliver, evaluate, and continuously improve the VGEC initiatives. This interdisciplinary team has evolved to function at a high level of efficiency and values each member's contribution to the success of the VGEC. The team works effectively through potentially contentious issues, and identifies faculty and practitioners to deliver their courses. Open communication, plentiful evaluation, strong organization and dedicated commitment have been critical to the team's success. Measures of the collaborative milestones and the elements of self-monitoring evaluation will be presented. The formation of the VGEC team and aspects of the collaborative planning process that contributed to its success over time will be discussed. (Poster).
Contact: 730 East Broad St, Richmond, VA 23298. 804.828.1525. URL: jhmathews@vcu.edu.

[80] Jennifer Mayberry. *Grandparents: Making grandchildren grander*. Henderson State University. Many grandchildren today are being raised by their grandparents. That aside, grandchildren having sustained relationships with their grandparents benefit in several positive and affective ways. Grandparents offer their children's children a greater sense of family unity and togetherness. As a rule, if the grandchildren maintain a relationship with the grandparents, so do their parents. Grandparents offer a living history of family, sharing stories

about experiences that may be passed on to posterity, experiences not recorded on film or tape or even in writing. Security and trust are also instilled through consistent contact with grandparents, not to mention an effort toward establishing a deeper sense of self-identity through the "continuity" Erik Erikson postulates. Furthermore, grandchildren have someone to turn to in times of need, whether it be a need regarding personal, confidential, or financial matters. Certainly, the grandparents experience wonderful benefits from spending time with their grandchildren, but in the long run, and for the sake of passing on an understanding of how important a positive relationship can benefit the entire extended family unit, grandchildren experience stabilty on a remarkable level. Therefore, as a positive family legacy is put in motion by the grandparents, grandchildren become grander! (Paper). Contact: PO Box 2556, Hot Springs, AR 71923. 870.490.0468. URL: jennifer.mayberry@hotmail.com.

[81] Gina McCaskill and Kerry Littlewood. *The effect of social support on diabetes self-care among older African Americans*. East Carolina University. Diabetes is a difficult chronic disease to manage, especially in advanced age. The dynamic family support networks of African Americans can provide a source of social support to promote diabetes management for older African Americans with diabetes. This study examines the effect of social support on diabetes self-care among a sample of older African Americans. A purposive sample of 125 African Americans 65 years and older with a self-reported diagnosis of type 2 diabetes was surveyed. Hierarchical linear regression analyses were conducted to examine the effects of social support on diabetes self-care while controlling demographics and a Diabetes Care Profile (DCP) variable. Diabetes self-care was measured using the Self-care Utility Geriatric African American Rating. The demographics, DCP variable and social support were sequentially entered in three blocks in SPSS. Social support was a significant predictor of diabetes self-care ($\hat{\imath}^2$ = 0.22, p = 0.015) at the 0.05 level. About 5% of variance of diabetes self-care was explained by social support, Fchange (1, 117) = 6.08, p = 0.015. Given the importance of social support among African Americans, future intervention efforts designed for older African Americans with diabetes should include a comprehensive disease management approach that incorporates their dynamic support networks. (Paper). Contact: Mail Stop 505, Greenville, NC 27858. 252.328.1358. URL: mccaskillg@ecu.edu.

[82] Carolyn McDermott. University of West Georgia. Co-Presenter [110]. URL: mcdermott.carolyn@mail.fcboe.org.

[83] Donna Faye McHaney and Joyce Varner. *Adult failure to thrive: The geriatric paradigm*. University of Troy, Montgomery Campus. Failure to thrive involves a multifactoral state of decline resulting in the individual becoming weak and frail as they near death. The syndrome is manifested by multiple signs and symptoms that include weight loss, poor nutrition, inactivity, dehydration, depression, impaired immune function and low cholesterol levels. Four major elements are predictors of adverse outcomes for adults diagnosed with failure to thrive. These elements include functional impairment, cognitive decline, depression and malnutrition. A comprehensive in depth initial assessment should be completed followed by a functional and cognitive assessment. A comprehensive review of medications should be completed since medication side effects may contribute to failure to thrive. Laboratory and diagnostic testing should be considered and may include blood cultures to check for infection, chest x-ray to check for pneumonia or even malignancy, urinal-

ysis which could indicate infection, renal failure, or dehydration. It is important to consider what medical conditions are occurring with patients when geriatric failure to thrive is suspected so interventions can be considered that will improve overall functional status. A diagnosis of failure to thrive is a key decision maker when caring for geriatric patients and should prompt end-of-life care options to prevent interventions that may prolong unwanted suffering. (Paper).
Contact: 340 Montgomery St. Room 223, Montgomery, AL 35244. 251.605.5362. URL: dmchaney@troy.edu.

[84] Shailaja Menon. *End of life care*. Houston Michael E. DeBakey Veterans Affairs Medical Center and the Section of Health Services Research. End-of-life (EOL) care decision-making is a difficult and ongoing process. Explicit knowledge of seriously ill patients' values and preferences is critical for providing appropriate end-of-life care. A brief Values Inventory (VI) may be a useful tool to elicit values and goals for care and to facilitate conversations about end-of life care. To test the feasibility of using a brief VI (one page) as a discussion aid with seriously ill patients, we designed a randomized controlled trial. 10 subspecialist physicians and 10 general internalist from a urban VA Medical Center were recruited for the study. Six seriously ill patients of each physician were included in the study (N = 120). All encounters were audio-taped, transcribed and data were qualitatively and descriptively analyzed. Our intervention had low effectiveness. Only 23% of the patients used it to discuss their EOL wishes. This was despite the fact that they had filled the values inventory and had explicit instructions to use it at the beginning of the encounter. We found that the patient expected the physicians to start and direct EOL conversation. In both groups physicians were more likely than the patients to initiate conversations about end of life care. (Paper).
Contact: 2002 Holcombe Blvd, Houston, TX 77030. 832.788.4504. URL: shailaja.menon2@va.gov.

[85] Jim Mitchell. *Aging, cognition, and social gerontology*. East Carolina University. Drawing from an evolutionary perspective of human brain development and human cognition, this workshop explores the place of social gerontology paired with cognitive development in the human aging process. Combining biological and neurological processes and interpersonal interaction in cognitive development, this workshop challenges traditional approaches to both social gerontology and to biological interpretations of the human aging experience. The workshop begins with discussion of human brain evolution and neural transmission, human-environmental interaction and learning, and the relationship between environmental tension and cognitive maturation. Subsequent discussion includes the human stress response as it pertains to aging, examples of the disjoint among principles of human cognitive development, interventions targeting depression and/or anxiety, and and trends in health care provision. The discussion concludes with the potential importance of a cognitive approach to human development and aging for health and economic disparities in later life. Goal: Participants should gain an understanding of the biological/neurological foundation of human learning, including the role of human interaction in cognition over the life course. (Workshop).
Contact: Dept. of Sociology, Brewster A416, ECU, Greenville, NC 27858-4353. 252.328.6768. URL: mitchellj@ecu.edu.

[86] Zola Moon. University of Arkansas. Co-Presenter [49]. URL: zmoon@uark.edu.

[87] Ami Moore, James Swan, and Cassie Castillo. *Cardiovascular disease and Hispanic immigrants: Does age group matter?* University of North Texas. A

growing body of health research on immigrants has shown that US immigrants, especially Hispanic immigrants, have a health advantage upon arrival, but this deteriorates the longer they reside in this country. However, these studies generally did not disaggregate older immigrants from the younger ones. This study uses pooled data from the National Interview Health Study, 2001 – 2010, and examines correlates of heart disease among older and younger immigrants from Mexico, Cuba, Dominican Republic and Puerto Rico. While Puerto Ricans are not immigrants per se, their culture is different from mainland Americans. Hence we include them as the reference category. Results show that as a whole, Mexican, Cuban, and Dominican immigrants were much less likely to show heart disease than Puerto Ricans. Also, immigrants with high BMI have higher odds of having heart disease. Among younger immigrants, being married decreases one's odds of showing heart disease. Also, males were less likely to have had heart disease. Among the older group, Dominican immigrants are not significantly different from Puerto Ricans. Also males and those who are married were not significantly different. It is important to examine immigrants by age group as correlates of heart disease are not the same for each group. (Paper).

Contact: 1155 Union Circle, Denton, TX 76207. 940.565.4267. URL: amoore@unt.edu.

[88] John Moossa. Virginia Commonwealth University. Co-Presenter [127]. URL: moossajp@vcu.edu.

[89] Jennifer Craft Morgan, Cherie Rosemond, and Christina Barmon. *Direct care workforce development: Integrating lessons learned across studies to imagine next steps*. Georgia State University. Population aging is driving an increase in the need for direct care workers (DCWs) across settings in long-term care. DCWs, particularly Personal and Home Care Aides, Home Health Aides, and Hospice and Palliative Care Aides, are key supports to older adults preferring to age in place. The purpose of this paper is to integrate key lessons learned across workplace-based and state-tested models for workforce development for direct care workers. This study uses case study data from six states that implemented the Personal Health Care Aide State Training (PHCAST) training program, a federally sponsored initiative funded under the Affordable Care Act, and seven employer-based career ladder programs for direct care workers. Using a comparative case study approach, the authors examine the strengths, weaknesses and contexts of each of the cases to develop a set of recommendations supporting an integrated model of DCW workforce development. Key components of the proposed model includes partnerships with educational institutions and health care provider groups, comprehensive supports for trainees, increases in career opportunities for DCWs, integration of core training across settings, and specialization strategies for the education and compensation of well-qualified DCWs. Implications for workplace, state and federal policy and practice will be discussed. (Paper).

Contact: One Park Place, Suite 605, Atlanta, GA 30303. 404.413.5214. URL: jmorgan39@gsu.edu.

[90] Joyce Morgan. *The barrier effect of long-term care insurance medical underwriting policies on older US adults: A descriptive study*. Walden University. In 2009, approximately 1.5 million Americans over the age of 65 lived in institutional settings (US Department of Health and Human Services, 2011) with an average nursing home cost of $88,000 annually (MetLife, 2011). Since Medicaid pays for LTC services after family resources are exhausted, public policymakers encourage individuals to

privately finance the cost of LTC by implementing LTC insurance (LTCI) incentive programs. Paradoxically, insurance companies design medical underwriting polices to eliminate individuals most likely to require LTC services from purchasing LTCI. Although, numerous studies have examined barriers to purchasing LTCI (Brown & Finkelstein, 2009, Mulvey, 2012), few researchers have explored the barrier effect of medical underwriting policies on accessing LTCI. The goal of this study was to provide an estimate of older adults ineligible to purchase LTCI due to health and life-style risk factors despite having adequate financial resources. Using a national representative sample of US older adults from the longitudinal Health and Retirement Study (HRS) RAND Data File (v. L), the researcher examined the prevalence of health and life-style risk factors as well as income and assets by age. The positive social change implications included knowledge useful for policy makers to support developing alternatives to traditional LTCI products intended to increase the number of older adults eligible for coverage. (Poster). URL: joyce.morgan@waldenu.edu.

[91] Kelly Munly, Karen Roberto, and Katherine Allen. *Understanding adult foster care provider experiences in North Carolina*. Virginia Tech Department of Human Development. We explored Adult Foster Care (AFC) as a small-setting option for community-based long-term care. This option varies widely in accessibility and structure among states; thus, this initial research effort focused on AFC provider experiences in North Carolina. As of 2013, there were 632 AFC facilities in North Carolina, which state policy refers to as "family care homes" (NC DHHS, 2013). Family care homes are licensed by the state and allow service for 2-6 residents per home (Mollica et al., 2009). We conducted semi-structured, guided interviews with 26 providers. As a context for data analysis, we relied on reflexive material stemming from Munly's positionality as a care worker. Emergent themes related to issues of the spectrum of AFC culture that ranged from more business-like to more family-like; dedication of providers across types of educational backgrounds; and decisions about admission of Medicaid and private pay residents and how these decisions related to AFC home culture. Interview narratives also revealed specific contexts related to provider financial struggle and success, as well as contexts related to models of hierarchy and caring between providers and residents. Findings shed light on state and organizational dedication to the AFC system, and policy influences on provider-resident relationships. (Paper).
Contact: 366 Wallace Hall (0416), Blacksburg, VA 24061. 301.379.2891. URL: kellyam5@vt.edu.

[92] Bhim Nie. University of North Carolina at Greensboro. Co-Presenter [115]. URL: ybhimnie@bellsouth.net.

[93] Faye Nipps. Arkansas Foundation for Medical Care. Co-Presenter [119]. URL: fnipps@afmc.org.

[94] Rosalie Otters. *Using online formats in the service of gerontology programs*. University of Arkansas at Little Rock. Higher education gerontology programs, in a time of unprecedented numbers of adults moving toward older age, must make the most of corresponding limited resources. Curriculum development must focus more broadly on not only the subject matter but also the setting for student learning. Expenses of time, money and learning must be considered. Gerontology students are often older and either upgrading or changing careers. They normally have full time jobs and families, as well as limited savings for continuing their education. Higher education increasingly finds itself in ever tighter circumstances with mandates to educate more students with less resources. In addition, educators

are discovering that traditional teaching formats, like the lecture, do not necessarily aid in student learning. Consequently, more higher education institutions are moving toward a variety of teaching styles both within and outside the traditional classroom. Online formats, including supplementing face-to-face classes, hybrid and totally online classes, are responses to the needs of educational institutions and students in the early 21st century. We will review some general online trends as well as specific needs for gerontology programs. An Aging and Social Policy course, developed for fall 2013, will be examined for structure, critical thinking and community building. (Paper).
Contact: 2801 S. University Ave, Little Rock, AR 72204. 501.569.3012. URL: rvptters@ualr.edu.

[95] Myra Owens, Constance Coogle, Jenni Mathews, and Edward Ansello. *Falls prevention and management for older adults with cognitive impairments: State of the evidence*. Virginia Center on Aging at the Virginia Commonwealth University. Effective fall prevention has the potential to reduce serious fall-related injuries, emergency department visits, hospitalizations, nursing home placements, and functional decline among cognitively intact community residents ages 65 and older. Yet, there is a paucity of research documenting the effectiveness of fall prevention interventions for older adults with dementia. According to The American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons: "For older persons with cognitive impairment, there is insufficient evidence for supporting any recommendations to reduce fall risk." This presentation will describe what is known about the risk of falling in this population. The effects of fall prevention and management interventions in hospitals, nursing homes, and the community will also be summarized. Opportunities for research will be emphasized. (Paper).
Contact: PO Box 980229, Richmond, VA 23298-0229. 804.828.1525. URL: mgowens@vcu.edu.

[96] James Peacock. Appalachian State University. Co-Presenter [108]. URL: peacockjr@appstate.edu.

[97] Loretta Pecchioni. *Role expectations and support for family caregivers*. Louisiana State University. Family members provide the majority of care for older adults; which may be stressful and lead to risks for negative physical and mental health outcomes. Sufficient support for caregivers ameliorates that stress. Role expectations, however, differ across types of family caregivers "spouses, adult children, and siblings" producing varying amounts of enacted support. In-depth interviews with twenty-seven family caregivers examined their experiences, feelings of obligation, and the support they perceived receiving. Enacted support varied across relationship types with spouses receiving the least support, adult children receiving moderate amounts, and siblings receiving the most. I argue that members of social networks who provided enacted support to these family caregivers did so based on their expectations for whom should provide care. The marital bond assumes support "in sickness and in health" and those outside this dyad do not want to overstep that boundary. While adult children are obligated and desire to provide support, others actively negotiate with them about the amount of responsibility they are expected to assume. Siblings feel the least obligation while also receiving the most support for taking on caregiving responsibilities. Formal support services should be developed that address differences among family caregivers. (Paper).
Contact: 136 Coates Hall, Baton Rouge, LA 70803. 225.578.6724. URL: lpecch1@lsu.edu.

[98] Molly Perkins. Emory University. Co-Presenter[54]. URL: molly.m.perkins@emory.edu.

[99] Haley Peterson, Kluge Mary Ann, and Margaret Harris. *Response survey to a mindful eating guidebook*. University of Colorado at Colorado Springs. Purpose: A short and interactive guide about mindful eating was created to introduce new readers to the concept. Methods: A literature review of book and peer reviewed research was conducted on Mindful Eating. A short interactive guide was developed. Eighty-three individuals aged 18-70 reviewed the guidebook. They completed a 20-question survey on readability, format, information, exercises, and usefulness. Results: Reviewers reported pictures as important for attention-grabbing, more so than colors and fonts. Worksheets were viewed as helpful for understanding concepts; however, only one worksheet per chapter was desired, otherwise the reader felt overwhelmed. The majority of reviewers felt the guidebook included enough information and that additional information would add confusion. Reviewers felt motivated to prepare foods they craved using high quality ingredients and then consuming those meals at the dinner table with family. The revised 26-page guidebook includes colorful pictures, concise information and one exercise per chapter. Conclusion: The brief information in the Mindful Eating guidebook may be a new way towards healthy eating patterns and habits. This guidebook is intended to be used in future work with clients. Research is needed to determine whether this guidebook leads to a habitual pattern of mindful eating resulting in an improved self-image. (Poster).
Contact: University of Colorado Colorado Springs, Department of Health Sciences, 1420 Austin Bluffs Parkway, Colorado Springs, CO 80918. 719.255.4558. URL: haley.mattison13@gmail.com.

[100] Christian Pihet. University of Angers. Co-Presenter [108]. URL: christian.pihet@univ-angers.fr.

[101] Pamela Pitman Brown. Winston-Salem State University. Co-Presenter [24]. URL: brownpa@wssu.edu.

[102] Priscilla Pittman. *The care and feeding of me*. Alzheimer's Arkansas Programs & Services. The human journey through our lifespan is unique for each of us. In this presentation, you are invited to reflect upon your personal transformation and how your life experiences have contributed to the weaving of a fabric. Perhaps there are areas that are embellished with gold or silver threading; other areas are worn, poorly woven, torn, or possess a thread not matching the rest of the fabric. Have you repaired them with love, are the blemishes still evident? But what about the people we serve. This is an excellent time to understand the different cultures, value systems, personal ethics, belief systems, etc that may have shaped your clients and perhaps mitigated your interactions with them. Learning more about the self can open doors to facilitate understanding others and create more positive outcomes. Come and join us to have fun! Let's examine and perhaps gain a greater understanding of some of the events that have woven the fabric that is worn externally or internally and how our perceptions have contributed to the weave. (Symposium).
Contact: 201 Markham Center Dr, Little Rock, AR 72205. URL: priscilla.pittman@alzark.org.

[103] Kathleen Pursell. *Preventing medicare fraud and abuse*. University of Arkansas at Little Rock. The need for Medicare fraud awareness is of major importance to seniors, caregivers, and professionals in the aging industry. Healthcare fraud is the preferred method of crime of the 21st Century for scam artists, fraudsters, and many in organized crime, because the payoff, currently $80 billion a year, far outweighs the punishment.

However, changes in the federal government's efforts to combat this easy access to Medicare and other programs are making an impact. The national Senior Medicare Patrol (SMP) program is a large part of these efforts, striving to decrease the amount of monies lost to fraud and abuse through outreach and education. The SMP message of empowering seniors and their caregivers is a simple, three-step approach: Protect, Detect, and Report. When people are made aware of the degree of fraud, how to recognize the various types of fraud and related scams, and where to report suspected fraud and abuse, there is a greater chance of making significant changes and helping to save Medicare. Working together is key in reducing the losses and protecting our Medicare Trust Fund. (Paper).
Contact: 2801 South University, Little Rock, AR 72204. 866.726.2916. URL: kathleen.pursell@arkansas.gov.

[104] Bernard Quell, Melanie Goodell, and Jacqueline Huff. *Development and data-driven refinement of an Arkansas nursing home transition team*. Division of Aging and Adult Services. The Centers for Medicare and Medicaid Services have been reporting the anticipated demand for services from seniors as the Baby Boom generation has reached retirement age. Arkansas passed Act 513, an Options Counseling Bill, to provide seniors with information of Options available to them and their needs. The Alternatives Plus (A+) Team was developed to provide visits with referred nursing home residents who requested Options Counseling. This symposium presents data collected over the first year's operation of the A+ Team and the number of transitions from institutions to less restrictive settings. The data has provided estimates on the cost savings to the state by the transition, which reduces the cost of services. More importantly, Options Counseling activities help guarantee consumer choice. Presenters will first provide information on the development of the A+ Team. Secondly, the development and refinement of team procedures and data tracking will be presented. Third, presenters will provide interpretation of the data collected thus far and the utility of the numbers. In conclusion, the presenters will discuss future strategy plans for refinement of data collection and procedure refinement. General questions and audience discussion will complete the symposium. (Symposium).
Contact: 700 Main St. PO Box 1437, Slot #530, Little Rock, AR 72203-1437. 501-.320.6548. URL: bernie . quell @ arkansas.gov.

[105] Heather Reed. *Strength training with medicine balls*. University of Arkansas, Division of Agriculture Research and Extension. As we age, muscle strength declines. We can lose up to one-half of our strength and muscle mass between the ages of 25 and 80 years if we do not do something to prevent the loss. Regular strength training can help to prevent muscle loss, increase strength and increase muscle mass. In addition, strength training can also increase bone density, reduce the risk for chronic diseases, improve one's ability to sleep, and reduce the effects of depression. Using medicine balls in strength training is especially effective in that it focuses on building both core and functional strength. Core strength is key due to the fact it is essential for all activities involving movement and/or balance, while the importance of functional strength stems from the fact it not only refers to an individual's ability to perform daily tasks with reasonable effort, but can also impact one's overall well-being. (Workshop).
Contact: 310 Oak Street St, McGehee, 71670 AR. 870.222.3972. URL: hreed @ yahoo.com.

[106] Karen Roberto. Virginia Tech Department of Human Development. Co-Presenter [91]. URL: kroberto@vt.edu.

[107] Cherie Rosemond. University of North Carolina at Chapel Hill. Co-Presenter [89]. URL: crosemond@med.unc.edu.

[108] Ed Rosenberg, Pierre-Marie Chapon, Christian Pihet, James Peacock, and Lou Tobian. *Age-friendly communities: Bridge to the future*. Appalachian State University. Most older people prefer to "age in place". While there is "amenity migration". most elderly who relocate do so for health-related reasons, and then only when necessary. This is not uniquely an American challenge. Nearly every nation's population is or will soon be aging rapidly. Nations that cope best will feature, among other things, cities and communities that are designed or retrofitted to accommodate growing proportions of elderly residents. Recognizing this, the World Health Organization (WHO), since 2006, has promoted its Global Network of Age-Friendly Cities. AARP's Network of Age-Friendly Communities affiliated with WHO and oversees this effort in America. In August 2012, Georgia's Macon-Bibb County became America's first designated age-friendly community. AARP Arkansas promotes age-friendly communities, and in 2012 received a state Trendsetter Award for promoting walkable communities. This session features presenters from France, the WHO, and AARP who will describe criteria for the "age-friendly" designation, and cultural and political challenges abroad and in the United States. Suggestions will be made for involving local agencies and other stakeholders, and in developing service-learning projects for university students to assist local/state agencies in assessing and improving communities' age-friendliness; results from a pilot project will be presented. (Symposium).
Contact: Chapell Wilson Hall, Boone, NC 28608. 828.262.6146. URL: rosenberge@appstate.edu.

[109] Graham Rowles, Sarah Boehle, Chi-Ling Liou, Amy Hosier, Lucille Bearon, and LaVona Traywick. *Toward a gerontologically literate society*. University of Kentucky. We live in a society in which gerontophobia (fear of our own future selves) and ageism (discrimination against older adults) permeate culture and consciousness. Underlying and reinforcing these twin pillars of prejudice is a remarkably high level of gerontological illiteracy (having or showing limited knowledge, experience or culture in gerontology). In this symposium we consider underlying dimensions of the problem and explore strategies for developing a gerontologically literate society. Presentations will (1) consider underlying dimensions and manifestations of gerontological illiteracy–a life course-related problem that is manifest from infancy through old age in an array of different environments including long-term care facilities, (2) consider manifestations of gerontological illiteracy during transitions between care settings, (3) report cross-cultural research on levels of gerontological awareness and literacy among college students and, (4) consider alternative strategies for intervention, including interstate collaborative initiatives to enhance gerontological literacy through University Extension programs and the recent development of a Gerontological Literacy Network. Fundamental to the culture change needed to foster gerontological literacy will be involving older adults, nurturing a political will for change, developing appropriate curricula at every level of education, and accepting that achieving gerontological literacy will take at least a generation. After attending this presentation, participants will: (1) have a clear understanding of gerontophobia, ageism and gerontological illiteracy as barriers to the development of a gerontologically literate and sensitive society; and (2) be able to identify and discuss an array of strategies for improving gerontological literacy at all levels of education. (Symposium). URL: ltraywick@uaex.edu.

[110] Sarah Ruff, Cassandra Bolding, Carolyn McDermott, Della Jones, Jacqueline Cook, and Katonya Davison. *Grandparents raising grandchildren: A GRAND Intervention*. University of West Georgia. The phenomenon of grandparents serving as the sole caregivers to their grandchildren is rapidly growing. A review of literature reveals challenges to both grandparents who take on a parental role and the grandchildren they raise. Role theory is suggested as a means to understand the challenges these families face. Support groups that are based on social support theory and that utilize strengths-based perspectives are identified as an intervention to foster healthy coping skills and to build relationships within these alternative families. The Grandparents Raising and Nurturing Dependents (GRAND) program is a proposed intervention to ameliorate the potentially negative outcomes on both grandparents and grandchildren as a result of this unconventional parental relationship. (Poster).
Contact: 183 Camden Trail, Dallas, TX 30157. 404.374.3834. URL: Beth.ruff@douglas.k12.ga.us.

[111] Hannah Ruggles and Dana Bradley. *Reducing readmission rates: How are hospitals improving care transitions of medicare beneficiaries in compliance with the affordable care act*. Center for Gerontology, Western Kentucky University. As a physician, understanding the "team" aspect involved in the treatment of an older patient is critical. The role of the doctor in creating a positive outcome for the patient is only a small piece of the overall treatment plan. Communication between medical treatment providers is essential to the holistic treatment of patients, which is a focus of osteopathic medicine, my intended career path. Preliminary research has shown that a critical part of reducing readmission rates will involve increased communication between providers and increased patient/caregiver education with a focus on the needs/wants of the individual patient (Vaughn et al., 2013). Kettering Health Network, centered in Dayton, Ohio, have created a promising solution to managing discharge rates in their "teach back" training tool. This method may improve patient care and reduce readmission rates, now mandated by the Affordable Care Act. Using observations and interviews, the "teach back" method was documented. After interviewing key informants in KY, the investigator developed a plan to introduce the "teach back" method into discharge planning through geriatric care teams. The paper concludes with a discussion of an assessment tool to gauge patient/family confidence in transitioning out of the acute care setting. (Poster).
Contact: 1906 College Heights Blvd, Bowling Green, KY 42101. 270.745.2356. URL: hannah.ruggles262@topper.wku.edu.

[112] Julie Rutledge and Amy Yates. *Does engaging the aging change college students' perceptions of aging?* Louisiana Tech University. A common concern across majors and even universities regards students' ability to critically think and finding ways to capture their interest to ensure they learn course material. This can be particularly challenging in a gerontology course as most of the students are 40 years younger than the population being studied. By expanding the classroom doors for a quarter-long service-learning project, it gives students the opportunity to integrate course content with related service in the community. This helps them to better understand content they are learning through direct engagement and experiential reflection and provides a needed service in our community. Although we know it to be true anecdotally, this project seeks to evaluate whether participating in the Engaging the Aging service-learning project changes students' perceptions of both their own and others' aging. Additionally, it seeks to de-

termine if the project makes any difference in consideration of gerontology as a career option. Pre- and post-data will be collected from a senior-level college course on approximately 30 students and will be both quantitative and qualitative. Measures will evaluate their perceptions of aging, consideration of gerontology as a career option, and feelings toward working with the aging during the service-learning project. (Poster).
Contact: PO Box 3167, Ruston, LA 71272. 318.257.4456. URL: rutledge@latech.edu.

[113] Shanta Sharma. *Grandparent and grandchildren relationships: The grandparent and grandchild role in the 21st Century*. Henderson State University. The purpose of this research is to explore the perception of college students toward the grandparent and grandchild role. The study sample was 298 university students. 37% were males and 63% females. 42% have both maternal grandparents and 32% have both paternal grandparents; and everyone has one living grandparent. Kennedy's (1990) Instrument was utilized to measure the perception of students toward the grandparent and grandchild role. 25-Items measure grandparent role and 10-Items measure grandparent role. Results, indicated that grandchildren have positive perception toward grandparent and grandchild role. Students indicated that grandchildren would miss grandparents; they give love, help and advice; and are example for values and attitudes. In examining the grandchild role indicated that grandchild should give love and affection; share information; listen to stories; have responsibility to help and visit them; since they are sense of future of their grandparents. Findings of this study could be useful for intergenerational socialization, and intergenerational role construction in the 21st Century. (Paper).
Contact: Department of Sociology and Human Services, Arkadelphia, AR 71999-0001. .870.230.5414. URL: sharma@hsu.edu.

[114] Sudha Shreeniwas and Huaibo Xin. *Emerging issues in Alzheimer's disease care in China: A review*. University of North Carolina at Greensboro. Recent systematic reviews show that the estimated prevalence of Alzheimer's Disease in China has increased greatly, from 3.6 million in 1990 to 9.2 million in 2010. China accounts for 25% of AD cases worldwide. This significant increase, combined with the rapidly aging population and changing family structure following from the one-child-policy, and major socio-economic transformation stemming from economic reforms, have posed challenges to care systems for elders with Alzheimer's Disease and their families. These care challenges have been less researched. Our preliminary review of studies based on a search in the major citation databases in North America, on caregiving in China for Alzheimer's disease, reveals a lack of research and documentation on this topic. Most studies are conducted in Chinese populations in Taiwan, Hong Kong, or North America. Drawing from lessons from other societies, we propose a list of priority topics for study when examining caregiving for Alzheimer's disease in China. These include: underdiagnosis of Alzheimer's disease, family caregiver burden and stress vs rewards, the emergence of non-familial care alternatives, knowledge and attitudes to Alzheimer's disease in families, primary care settings and communities, access to care, funding, and policy support for patients and caregivers, and gender issues in caregiving. (Paper).
Contact: 248 Stone Bldg, Greensboro, NC 27402-6170. 336.484.1856. URL: s_shreen@uncg.edu.

[115] Sudha Shreeniwas, Sharon Morrison, Jigna Dharod, Andrew Young, Wier Siu, Lek Siu, Hvung Ksor, and Bhim Nie. *Family, food, and health: Hypertension in a Southeast Asian refugee commu-*

nity in the southeastern US. University of North Carolina at Greensboro. This symposium presents papers reflecting multidisciplinary perspectives on a community-engaged research project that examines hypertension risk factors among a South East Asian refugee community (the Montagnards) in North Carolina. Hypertension, a leading risk factor for disability and death from stroke and heart disease, currently affects about 56% of US seniors and will increase with a) the growth of the older population and b) the rise of obesity and diabetes. We present formative qualitative results on a) the process of University-community collaboration between University based researchers and community leaders and members, where the latter identified hypertension as a leading health issue and the former provided technical support to research hypertension risk factors; b) community understanding of hypertension, strategies to cope with the condition, and health care access and utilization in a refugee community; c) family nutritional strategies on household food security and dietary choices, in low income situations, that affect hypertension risk; and d) family relationship factors (intergenerational relations, spouse/partner relationships, and extended family networks) that affect hypertension risk factors (food insecurity, nutrition choices, and primary health care access,) among adults, in the Southeast Asian refugee community in the US South. (Symposium).
Contact: 248 Stone Bldg, Greensboro, NC 27402-6170. 336.484.1856. URL: s_shreen@uncg.edu.

[116] Lek Siu. Guilford College. Co-Presenter [115]. URL: siulh@guilford.edu.

[117] Wier Siu. University of North Carolina at Greensboro. Co-Presenter [115]. URL: siu.vera@yahoo.com.

[118] R Small, C Tiernan, YH Kwon, RM Paulson, V Imrhan, C Prasad, P Vijayagopal, and S Juma. *Age-associated effect of freeze-Driedried grape powder on inflammatory markers and physical activity in adults with knee osteoarthritis*. Texas Woman's University. Osteoarthritis (OA) is the most common joint disease among US adults, leading to pain and disability. Treatment ranges from symptom management to joint replacement, leading many to seek natural dietary approaches. Grapes, rich in anti-inflammatory polyphenols may aid in management of OA symptoms. The purpose of this study was to assess the effect of grape consumption on physical activity, biochemical markers of inflammation (IL1) and cartilage metabolism (COMP). A total of 72 men and women with knee OA were recruited and randomized. Group 1 (n=28, 21 female) consumed 47 grams of freeze-dried grape powder (FDGP) daily for four months. Group 2 (n=28, 21 female) consumed 47 grams of a comparable placebo. Self-reported physical activity and serum specimens were obtained at baseline and at four months. There was a significant decrease in very hard activity in the placebo group. However, a 70% increase was seen in very hard activity for those ≤64 yr. in the FDGP group. Participants >65 yr. reported a significant decline in moderate and hard activities ($P<0.05$) in both groups. A statistically significant increase in IL1 was observed in both groups, males > females. A greater increase occurred in the placebo group (637.33%) vs. FDGP (194.64%). Levels of IL1 and COMP increased more in those ≥65 yr. Both groups had a statistically significant increase in COMP (154.20% FDGP vs. 172.27% placebo). Longer treatment duration with FDGP may be necessary to see benefits on physical activity levels in this population. Supported by a grant from the California Table Grape Commission. (Poster).
Contact: Denton, TX.

[119] Christi Smith, Kristina Bondurant, Judith Johnston, Faye Nipps, Jerry Wicker,

Janie Ginocchio, and Judy Camp. *Forming a community coalition to improve activation and address hospital readmission rates: A quality improvement project*. Arkansas Foundation for Medical Care. This quality improvement project describes the establishment of a community coalition for measuring community need and awareness for interventions to improve care transitions and 30-day hospital readmission rates. A community in East Arkansas, representing 11 counties, established an engaged coalition of providers and beneficiaries to identify common goals and resources to aid in the implementation of proven interventions by filing for nonprofit status, electing leadership, and defining the coalition's focus and mission. Participants included quality improvement professionals, case managers, Medicare beneficiaries and caregivers, and staff and leadership from skilled nursing facilities, home health agencies, area hospitals, third-party payers, hospice agencies, and the Area Agency on Aging. Approximately 16,000 discharges of Medicare beneficiaries from area hospitals occurred between July 1, 2011 and June 30, 2012. The progression of coalition activities to address care transition interventions included the development of a survey to assess the community's progress and a standardized form for health workers to collect data from discharged patients. Early, limited data shows the 30-day readmission rates trending downward in six community hospitals, and the coalition maturation of governance, leadership, and activities may prove to be an effective avenue for care transition education and systematic data collection on interventions. (Paper).

Contact: 1020 West 4th Street, Suite 200, Little Rock, AR 72201. 501.212.8709. URL: csmith@afmc.org.

[120] Rebecca Smith, Cheryl Kaczor, Elaine Bowen, and Hannah Fincham. *Empowering seniors to take charge of their health and safety*. West Virginia University Extension Service. Many chronic health conditions can be avoided if effectively managed with education and tools so that seniors understand different health conditions and ways to prevent and/or manage them. Taking Charge of Your Health & Safety engages educators to improve the health of seniors by using the train-the-trainer approach, senior-friendly curriculum, program evaluations, home assessments, and automated key health phone messages. The health topics of the program are: be active, eat healthy, arthritis, diabetes, heart disease, and prevent falls. Curriculum materials will be shared with conference participants. Demographics showed that the program reached primarily women (84.9%) between the ages of 65 and 80 (44%) which could be an ideal time to motivate seniors to make health behavior changes. Participant surveys showed significant changes in four key health habits. Changes were in watching their weight, choosing healthy foods, limiting amounts of food, and working to improve health habits. Conclusions and application: Programs have reached more than 2,000 seniors in 28 West Virginia counties, Participants reported an increase in knowing how to improve their health, Trained instructors can replicate this program to adapt to their senior population, and Southern Gerontological Society participants will receive all the information necessary to deliver this program. (Workshop, Share Fair, Poster).

Contact: 1117 Good Hope Pike, Clarksburg, WV 26301. 304.624.8657. URL: becky.smith@mail.wvu.edu.

[121] Russell Spornberger. Georgia State University. Co-Presenter [62]. URL: russellspornberger@gmail.com.

[122] Kim Stansbury. *Casino gambling in older adults: The good, bad, and ugly!* Casino gaming is an enticing leisure activity for a significant number of older adults

(aged 60+). For some seniors, gaming is a stimulating non-addictive activity; however, for others it can become a life-altering and destructive addiction. Casino gaming is a divisive topic in the literature. In this workshop, I will briefly discuss the literature on gaming and strategies to assist practitioners in providing assistance to older individuals and family members with gambling-related problems. URL: kim_stansbury@yahoo.com.

[123] James Swan. University of North Texas. Co-Presenter [87]. URL: james.swan@unt.edu.

[124] Kimberly Tackett and Aaron Adams. *AIPP Statewide collaboration "working together for emergency preparedness"*. AFMC / AIPP. Federal regulations require that Medicare- and Medicaid-certified nursing homes have written emergency plans and provide employees with emergency preparedness training. However, reports by the Government Accountability Office in 2006 and 2012 on nursing homes that experienced hurricanes identified significant gaps in preparedness and response. Here in Arkansas, the Arkansas Innovative Performance Program (AIPP) addressed the safety of vulnerable nursing home residents during disasters through an educational initiative conducted in collaboration with the Office of Long Term Care and the Department of Health that emphasized participation by long-term care facilities in local healthcare coalitions with emergency managers, EMS, coroners, and law enforcement. Free seminars were held across the state in January and February 2013, and nursing homes were provided with preparedness resources and training materials identifying key components of an emergency plan for either sheltering in place or emergency evacuation of residents. The value of the AIPP training was tested at the Rich Mountain Nursing and Rehab Center in May 2013 when Scott County experienced a major flooding event that washed out roads and bridges around the home. A video filmed at the facility will show what happened and how the AIPP training was applied in this real life test. (Symposium).
Contact: 1020 West 4th Street, Suite 400, Little Rock, AR 72201. 501.212.8630. URL: ktackett@afmc.org.

[125] Kimberly Tackett and Betty Bennett. *AIPP tools and training for nursing home quality improvement and regulatory compliance*. AFMC / AIPP. The Arkansas Innovative Performance Program (AIPP), developed by the Arkansas Foundation for Medical Care in collaboration with the Arkansas Department of Human Services' Office of Long Term Care and the Arkansas Health Care Association, provides targeted education and facility-based training to help Medicaid-certified nursing homes provide the best care and environment possible for their residents. Implementation of long-term care quality improvement initiatives is supported by comprehensive toolkits consisting of individual training modules to build staff skills and foster culture change and person-centered care. Tools are written for ready comprehension by Certified Nursing Assistants and provide stepwise instructions and tips tailored to fit the normal facility workflow and activities. The AIPP assists individual nursing homes to explore the root cause of their quality of care challenges and provides solutions that are research based and sustainable. Use of AIPP customized tools leads to well-documented improvement in resident quality of care, staff and family satisfaction, and regulatory compliance. The quality of the training and educational tools provided to nursing facilities is validated by the positive results achieved by the program in reduction of deficiencies statewide. (Share Fair).
Contact: 1020 West 4th Street, Ste 400, Little Rock, AR 72201. 501.221.8630. URL: ktackett@afmc.org.

[126] Jodi Teitelman and Christy Jensen. *Support for family caregivers of older adults with neurocognitive disorders: Bridging national and southern state policies*. Virginia Commonwealth University. This workshop will be the fourth in a series of annual forums providing current information on national and southern state policies with potential impact on the lives of persons caring for an older family member with a neurocognitive disorder, such as Alzheimer's disease. Workshop leaders will address recent Federal-level developments in the Affordable Care Act, Long-Term Care Commission, National Alzheimer's Plan, Medicare and Medicaid. Programs which bridge national and state initiatives, including Early Alzheimer's Support and Education (EASE), the Lifespan Respite Care Programs of Virginia and North Carolina, and Caring for You, Caring for Me will be described. In addition, Virginia's recent hiring of a full-time Dementia Services Coordinator will be addressed. Workshop participants will have the opportunity to discuss caregiver trends and existing service gaps in their states in light of new data on the caregiver support ratio. Finally, statewide policy initiatives that are responsive to providing appropriate caregiver support will be explored by participants, in order to inspire future advocacy efforts. (Workshop).
Contact: Box 980008, Richmond, VA 23298-0008. 804.828.3553. URL: jlteitel@vcu.edu.

[127] Jodi Teitelman, Gabrielle Hartman, John Moossa, Kristy Uhl, and Elyssa Vizzier. *Wellness and health promotion for Adult Day Services (ADS) center participants: Best practices in programming and outcomes measurement*. Virginia Commonwealth University. The recent (2012) Metlife National Study of Adult Day Services (ADS) in the United States documented not only significant growth in the number of ADS centers emerging nationwide in the past decade, but a rising trend towards addressing older participants' health needs through wellness-oriented programming as well. This workshop will review current data on ADS participants' health status and ways in which ADS centers are addressing their members' health care needs through programming and services. Model programs identified in the literature will be explored, and workshop participants will have the opportunity to exchange information about additional ADS health-related programs. The session will also include discussion of the domains of function to be documented when conducting such programs (e.g., cognition, strength, energy level, emotional well-being) and identification of assessment tools that are psychometrically sound and appropriate for administration to members of the ADS center population. (Workshop).
Contact: PO Box 980008, Richmond, VA 23298-0008. 804.828.3553. URL: jlteitel@vcu.edu.

[128] C Tiernan, R Small, YH Kwon, RM Paulson, N DiMarco, V Imrhan, C Prasad, P Vijayagopal, and S Juma. *Consumption of whole grape powder reduces joint pain and influences serum biomarkers in individuals with self-Reportedeported knee osteoarthritis*. Texas Woman's University. Osteoarthritis (OA) is clinically associated with joint pain and stiffness leading to loss of mobility. There is growing interest in use of natural as opposed to invasive therapies in joint pain management. Consumption of grapes, a rich source of polyphenols may reduce inflammation and influence OA outcomes. We have examined the effect of grape consumption on self-reported pain, joint range-of-motion (ROM) and biochemical markers of inflammation (CRP) and cartilage metabolism (IGF-1, YKL-40). Using convenience sampling, 72 men and women with knee OA were recruited and assigned to one of two groups. The treatment group (n =28,

21 female) consumed 47 g of freeze-dried grape powder (FDGP) daily for 4 months. The placebo group (n=28, 21 female) consumed a comparable placebo. For pain related to activity, the FDGP group had a significant decrease from baseline compared to placebo (-5.3 vs. -2.1, $p < .05$). At midpoint, both groups had a significant reduction in total knee symptoms, evident in the FDGP group only at the end of study. Further, this effect was greater in females. There was no significant change in overall ROM for either group. FDGP intake led to gender specific changes in IGF-1 compared to placebo group: male (19.9 vs. 2.0 ng/mL, $p < .05$) and female (3.2 vs. 8.9 ng/mL, $p > .05$). Whole grape consumption with its bioactive constituents can be a natural alternative to improving symptoms associated with OA. Supported by a grant from the California Table Grape Commission. (Poster).

[129] Lou Tobian. AARP Arkansas. Co-Presenter [108]. URL: ltobian@aarp.org.

[130] LaVona Traywick, Jessica Vincent, Candace Carrie, and Toby Woodson. *Sound ideas: Prevention Hearing Loss*. University of Arkansas.

[131] Carolyn Turturro, Rosalie Otters, and Jina Lewallen. *An intervention to increase gerontological social work*. University of Arkansas at Little Rock. Social workers interested in working with older adults are greatly needed to work with the large numbers set to enter retirement age over the next two decades. This study examines surveys from 135 Bachelor of Social Work (BSW) students in an urban U.S. university. It assesses interest in gerontological social work as indicated by the BSW Experiential Learning (BEL) Outcomes Measure. Junior year BSW students in years 2009 through 2012 filled out voluntary and confidential pre and post surveys on the BEL. Students in 2009 and 2010 were the intervention group and were offered a day long opportunity to accompany a gerontological social worker doing home visits with older adult clients. Students in 2011 and 2012 served as the comparison group and did not receive intervention. Using regression analysis that controlled for pretest BEL scores, greater interest in gerontological social work as indicated by higher BEL scores at Post test were found among the BSW students who received the intervention in comparison to the students who did not. Up to 15% of the variance in increased interest in working with older adults was attributed to the intervention. The importance of positive interactions with older adults for students is discussed. (Workshop).
Contact: 2801 S University Ave, Little Rock, AR 72204. 501.569.8472. URL: clturturro@ualr.edu.

[132] Kristy Uhl. Virginia Commonwealth University. Co-Presenter [127]. URL: uhlk@vcu.edu.

[133] Jason Ulsperger, Jenny Huss, and Kristen Ulsperger. *Heartfelt homebound healthcare: Exploring the motives of volunteers in senior companion programs in order to improve recruitment and retention*. Arkansas Tech University. Senior Companion Programs (SCPs) help the homebound elderly. Though they often operate through local Area Agencies on Aging (AAA), any nonprofit institution can apply for funding and operate a SCP. Program volunteers are 55 and older. They visit qualified elderly clients, which includes people who do not have the ability to care for themselves fully. Volunteers provide friendship to clients, but they also provide a minimal level of services, such as grocery shopping, light housekeeping, and respite for caregivers. This paper specifically explores the motives of a sample of volunteers who work for the AAA of West Central Arkansas. Using results from a series of qualitative, open-ended questions, it examines interview themes that provide insight on why volunteers decided to join the program. It also fo-

cuses on what keeps volunteers participating in the program. The paper concludes with recommendations on how to recruit and retain SCP volunteers. (Paper).
Contact: Witherspoon Hall 355, Russellville, AR 72801. 479.968.0464. URL: julsperger@atu.edu.

[134] Kristen Ulsperger. Arkansas Tech University. Co-Presenter [133].

[135] Joy Varner. University of South Alabama. Co-Presenter [83]. URL: jvarner@southalabama.edu.

[136] Jessica Vincent. University of Arkansas Division of Agriculture. Co-Presenter [33]. URL: jvincent@uaex.edu.

[137] Elyssa Vizzier. Virginia Commonwealth University. Co-Presenter [127]. URL: albertg@vcu.edu.

[138] David Watkins and Jennifer Craft Morgan. *Older adults, alcohol use disorder, and depression: Analysis of the 2011 National Survey on Drug Use and Health*. Georgia State University. Substance use disorder in the older adult population is a significant problem that is projected to increase as the Baby-Boom generation reaches old age. Alcohol use disorder accounts for a majority of these disorders. For older adults, alcohol use disorder has received little attention and is shrouded in myth. This study focuses on older adults over 65 years of age and examines relationships between socio-demographic factors (eg, age, sex, education), alcohol use disorder, and depression. Employing data from the 2011 National Survey on Drug Use and Health (NSDUH) (N=70,109), the authors examine relationships among variables using both bivariate and multivariate analyses using SPSS-19. Our preliminary results indicate that men score higher on alcohol dependence measures than women, women score higher on depression, and younger age groups are higher on alcohol use and depression measures than older adult groups. This research will inform risk assessment for substance abuse. The study reveals inequalities between gender subgroups of the older adult population in terms of alcohol use disorder and depression and also shows important differences between older adult and younger age groups. Implications of study findings for social work practice, clinical practice, and case management of older adult services will be discussed. (Poster).
Contact: 1113 North Druid Hills Circle, Decatur, GA 30033. 404.388.8095. URL: dwatkins10@student.gsu.edu.

[139] Caroline Westerhof. *Families in the 21st Century: Estranged ADULT childen who have dysfunctional relationships with with parents*. California National University for Advanced Studies. Happiness in the 21st century is, for many, not generated by the ADULT children whose parents are still alive. Such estranged ADULT children may respond to their parents as an "afterthought." Documentation regarding such, whether in research or anecdotal, is all around us. The more some speak to parents, who are in their 70s, 80s and above, the more we note that they may have not heard from their children in over several months or years. If the parents call they may get a call-back a few days or a few weeks later, or there may be "no call-back." What has brought this sadness upon parents? Do not tell me these estranged children will regret this one day. I do not believe in "tit for tat," so what has generated this aloofness? Has the "Me" generation invaded the adult children who are in their 40s, 50s and upward? Did something go wrong? Is this the nature of society in a fast moving environment? So many questions, and no answers. It has nothing to do with being a "bad" or "good" parent, whatever that means. It has nothing to do with parents' spending money for gifts for these children. They may or may not get a "thank you," and does that mean for parents, "Why bother to send anything?"

Is this an unanswered question that parents will have to live with? One elderly parent said, "Don't tell me about golden years; they are brass years". Do our children owe us anything - in warmth, in respect, in love? Or do they not? Where to begin in this understanding? Is it in the teaching and learning professions? Are the parents too successful for their children? Do they think their parents will take the limelight away from them? Or is it that their parents "are in their way," so forget about them? Some parents have already said, "Don't tell them when I die." You may find this in many families, but parents are too embarrassed to discuss this. One adult child told her friends "her mother had died." Do you know where you can actually witness some of this – visit a hospice, and volunteers will tell you surviving children will say, "Call me when my parent dies." Are there any solutions... let us discuss... it is all around us... and now we must face such. (Paper).
Contact: PO Box 2093, Tarpon Springs, FL 34688. 727.834.8324. URL: csw18@hotmail.com.

[140] David White. White Professional Consulting, LLC. Co-Presenter [142]. URL: getdavidwhite@gmail.com.

[141] Jan Vinita White. *A decade of live television educates and inspires rural agers*. Capella University and White Professional Consulting, LLC. Local television is an exceptional and effective method for educating populations about issues related to aging. For ten years, gerontologist Dr. Jan Vinita White has been a weekly guest on local live morning television originating from rural North Alabama. Using the biopsychosocial model and the life course perspective, Dr. White has presented topics emerging from scholarly journals in easily understood language. Aging topics target all age groups across the lifespan and viewers have expressed gaining new knowledge and perspectives on aging. Reaching an underserved rural population, Dr. White's segments have demystified aging misperceptions and illuminated the benefits of weathering transitions, personal choices, and life satisfaction. Some outcomes from this session include discerning how and what to present to viewing audiences; methodology for choosing aging topics from scholarly literature; recognize the unique challenges of rural aging; comprehend how the life course perspective and biopsychosocial model as they relate to positive aging. (Paper).
Contact: PO Box 5348, Huntsville, AL 35806. 256.653.9672. URL: getdrjan@gmail.com.

[142] Jan Vinita White and David White. *Golfing DOGS and mahjongg ladies: Self-governed groups promote social capital for older adults*. Capella University and White Professional Consulting, LLC. Empirical evidence demonstrates a relationship between improved health status and social support networks among community-dwelling older adults. Having social capital via membership in a self-governing club or social group may have a positive effect on aging and self-efficacy. Insufficient attention has been paid to informal, gender-based, close-knit social groups that have established ties for twenty or more years. Since 1995, the golfing DOGS (Defense Officials Golfing Society) and Mahjongg Ladies have endured as autonomous social support networks that have enhanced social identification and well-being. Outcomes of this session include identifying the relationship between health status and social support networks; illumination of Bandura's concepts of locus of control and self-efficacy as they relate to positive aging; recognition of the theory of social capital and the value of shared norms and social cooperation evident in self-governing groups; acquire appreciation of the phenomenon of gender-based groups related toward building mutually-beneficial relationships in old

age; and identification of the hierarchy and organization of informal self-governing alliances. (Workshop).
Contact: PO Box 5348, Huntsville, AL 35806. 256.653.9672. URL: getdrjan@gmail.com.

[143] Jerry Wicker. Arkansas Foundation for Medical Care. Co-Presenter [119]. URL: jwicker@afmc.org.

[144] Lacy Will and Christine Jensen. *Enhancing family and professional caregiver well-being through a psychoeducational skills training program*. Virginia Commonwealth University. The CDC recently recognized caregiver well-being as a major public health issue. The "Caring For You, Caring For Me" Program, of the Rosalynn Carter Institute for Caregiving, addresses this critical need for psychoeducational skills training among caregivers. This unique 5-week program addresses skill development, resource education, and self-assessment for family, volunteer and professional caregivers. Participants complete pre- and post-tests to assess impact on their skills, knowledge, and well-being, including self-reported health and healthcare utilization. More than 210 caregivers have completed the program offered in a mid-Atlantic state. Paired-sample t-tests of a smaller subset of this sample, based on a newly implemented survey, indicate a number of significant findings. Improvements were found in "knowing where to find help with problems related to my caregiving" ($t(44) = 4.99$, $p<.05$) and "familiarity with programs and resources to help with my caregiving" ($t(44) = 4.77$, $p<.05$). Additionally, participants reported they felt better "able to solve problems related to my caregiving" ($t(44) = 2.70$, $p<.05$), and greater knowledge in Òhow to take care of myself as I care for someone else ($t(45) = 2.05$, $p<. 05$). Although there was no significant difference in caregiver health, 86% of participants reported a decrease in "feeling burned out" ($t(44) = -1.76$, $p<.10$) and that they would find time to engage in enjoyable activities. 60% of caregivers indicated care receiver health would improve as a result of this program and nearly 40% reported this gain would be reflected in a reduction in urgent care or ER visits. (Poster).
URL: willla@mymail.vcu.edu.

[145] Ishan Williams and Carol Manning. *Screening for cognitive impairment in primary care settings among African American older adults*. University of Virginia, School of Nursing. Cognitive impairment screening is an integral part of assessing overall health care needs of older adults. However, this screening often is not done in primary care settings, where a majority of older adults get health care. Mild cognitive impairment (MCI) is of particular interest because 1) it's associated with increased risk of Alzheimer's disease and 2) African Americans (AA) are at higher risk for developing dementia than Caucasians. Evidence shows that missed diagnoses are more common among older AA and Hispanic adults than among older Caucasians. Thus, the purpose of this study was to examine cognition among older AA adults (N=42) coming to see their primary care physicians, for purposes other than cognitive concerns. Neuropsychological assessments were performed using a computerized tool and paper/pencil assessments. Results indicate that a large number of participants met the criteria for MCI (48%, n=18) despite lack of cognitive complaints by participants. This suggests under-recognized and untreated MCI in this group. Additionally, the use of a computerized screening could greatly improve detection of impairment among older AA adults. However, screening by itself cannot prevent under-diagnosis and under-treatment; more emphasis should also be made to develop better models for evaluating cognition in primary care settings. (Paper).
Contact: PO Box 800782, 202 Jeanette

Lancaster Way, Charlottesville, VA 22903-0782. 434.924.0480. URL: icw8t@virginia.edu.

[146] Toby Woodson. *The misuse of statistics*. It's funny sometimes when you read a few statistical facts and then begin to wonder if are really true. Statistics usually have a very powerful effect and frequently create an impression. However, sometimes those so-called statistical calculations need to taken with a grain of salt. When looking at statistics all the factors need to be considered along with the correlation between each factor. While jumping to conclusions such as, "correlation between autism diagnosis and organic food sales," can be amusing, they aren't fulfilling the very purpose of statistics and statistical findings. This workshop is going to address some of the more common misuse of statistics. (Workshop).

[147] Huaibo Xin. Southern Illinois University at Edwardsville. Co-Presenter [114]. URL: hxin@siue.edu.

[148] Tracey Yap and Susan Kennerly. *Evaluating the psychometric properties of the nursing culture assessment tool for use in long-term care*. Duke University. It has been recognized that research results do not always easily translate into improved outcomes for human health in different settings. Furthermore, successful strategies to support integration of practice change and the creation of evidence informed nursing cultures aimed at enhancing quality of resident care in the long-term care (LTC) sector are necessary. The occupational subculture of nursing could impact any implementation of change; therefore, a tool was required for assessment. The Nursing Culture Assessment Tool (NCAT) was previously determined to be a valid and reliable tool aimed at capturing general aspects of the nursing culture in diverse healthcare settings, and psychometric properties were revalidated in this study for use in LTC. Using a survey method, participants rated their perceptions of 19 declarative statements in their work setting. The sample (n=318) was composed of NCAT ratings by 211 individuals working in Kentucky LTC facilities were combined with ratings from a prior cross-sectional study of 107 individuals working in LTC in Kentucky or Ohio. Data analysis was conducted to reconfirm the NCATÕs dimensionality, reliability, and empirical construct validity with this larger LTC sample. The six previously determined subscales (behavior, expectations, teamwork, communication, satisfaction, professional commitment) were validated by calculating the comparative fit index and the standardized root mean-square residual (CFI=0.94, SRMR=0.05). Standardized loadings ranged from 0.65 to 0.94. Cronbach's alpha coefficients for subscales were medium to high (0.72 to 0.92). The NCAT provides a reliable means for measuring staff perceptions about attitudes and behaviors associated with their work. (Poster).

[149] Am Yates. Louisiana Tech University. Co-Presenter [112]. URL: yates@latech.edu.

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