

Communities Engaging Aging: A Two-Way Street



**36th Annual Meeting
Southern Gerontological Society
Wednesday – Saturday, April 15 – 18, 2015**



Double Tree by Hilton Williamsburg
50 Kingsmill Road – Williamsburg, Virginia
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Virginia Geriatric Education Center

This consortium of healthcare professionals from Eastern Virginia Medical School, University of Virginia and Virginia Commonwealth University is strengthening Virginia's geriatrics workforce through faculty development, continuing education and clinical training of students. Geriatrics training based upon evidence and collaboratively-developed interdisciplinary content never gets old.

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Funding for the VGEC is provided by the Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services (DHHS) under Grant No. UB4HP19210.



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PRESIDENT'S WELCOME MESSAGE

Welcome to SGS's 36th Annual Meeting



As President of the Southern Gerontological Society, I am pleased to welcome you to our 36th Annual Meeting. The Southern Gerontological Society is a welcoming and supportive network of practitioners, policymakers, scholars, and other professionals in the field of aging. Partly as a consequence of the diversity of perspectives represented by our members, the annual meeting has always served as a forum to highlight work that promotes effective practice and expands understanding of the experiences of older adults and their families. The result is a dynamic and rewarding conference!

Older adults, as is well known, represent a growing portion of the population; the median age is rising both in the United States and throughout the world, a standard feature of industrialization. What is more, cohorts now reaching retirement age differ from previous generations in important ways (e.g., Americans aged 65 and older, as a group, are more racially and ethnically diverse than in the past). In light of these broad trends, older adults and the communities in which they live face new challenges and new opportunities.

The theme for our 36th Annual Meeting is Communities Engaging Aging: A Two Way Street. Local communities are challenged to provide services and infrastructure that address the needs of older adults. Simultaneously, seniors enrich their communities and represent a truly vital resource. What do "Age-Friendly" communities look like? How does volunteerism among older adults support community organizations? These questions illustrate our focus for the 2015 annual meeting.

This year's meeting promises to be a historic one! The Program Committee, led by Pamela Pitman Brown has developed a truly stimulating conference. Our hosts on the Local Arrangements Committee, under the leadership of Christine Jensen, have planned an array of conference events that showcase the best Williamsburg has to offer, and that is saying something. A special word of thanks is due to Dr. Brown, Dr. Jensen, and SGS Association Manager Lee Ann Ferguson for their leadership in planning and developing our 2015 conference.

Kind Regards,

A handwritten signature in black ink that reads "Don E. Bradley".

Don E. Bradley, PhD
President, Southern Gerontological Society

PROGRAM CHAIR WELCOME MESSAGE

Welcome to the historical and picturesque Williamsburg and SGS! We hope you enjoy your time in Williamsburg, not only learning new ideas and meeting new friends or getting re-acquainted with old friends, but we hope you enjoy some of the new features in this year's meeting!

Our opening session on Wednesday will be more informal and will feature a "meet & greet" along with a surprise Presidential guest (no, it is not Bill Clinton)! Please join us for the Presidential Opening Reception with hors-d'oeuvre in Harrison & Taylor, and stay for the Students' Poster Session! Let's give them a warm SGS welcome!

On Thursday, we have a very busy schedule with our Professional Poster Session and the Presidential Symposium focusing on *Convoys of Care*. We then move to Taylor/Adams for our President, Don Bradley's opening address! Immediately afterwards we invite you to join us for the GRITS Luncheon where we will induct 3 new members! Sessions begin Thursday afternoon, and we are highlighting Alzheimer's Disease & Related Dementia (ADRD) during the program. Join us for Dr. Paul Raia's presentation on Habitation Therapy as part of our ADRD focus! Funding for this program is provided by the Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS), under Grant No. UB4HP19210 to Virginia Geriatric Education Center. Thursday evening brings the ever popular Dine-Arounds and our first ever Jam-A-Palooza in Pitcher's Sports Bar at the hotel! We have some members who are very talented musicians and I expect a good time will be had by all!

Friday starts early with a 5K Fun Walk/Run! Join us in the lobby at 6am for maps of the area where you can meander at your leisure or run like the wind! There is no entrance fee but we are requesting donations, which will benefit the SGS Student Scholarship Fund! On that note, throughout the conference the Silent Auction will be open so you can bid on a box of the highly sought after Kentucky Bourbon Chocolates, Tim Smith's Climax Moonshine (NC), Tabasco© (LA), Busch Garden Tickets, an autographed copy of Rosalynn Carter's book, or even a nice piece of jewelry or art! All of the proceeds of the Silent Auction will benefit our students as well! Remember...BID HIGH, BID OFTEN! Silent Auction ends on Friday at 4:45PM...so keep bidding on your items! A memorial service will be held this year on Friday morning. We welcome you to join us before the Business Meeting to remember gerontologists we lost this year. Then it is time for more sessions, and more food during "Join a Committee Lunch." What a great way to become MORE involved in SGS!! After lunch, we have a Keynote Symposium with Jim Vanden Bosch of Terra Nova Films in Taylor.

One of the highlights of SGS is always the Presidential Gala! THANKS to our Local Arrangements Committee for pulling together a wonderful program and dinner at Jamestown Settlement! What a beautiful place to celebrate our "Southern" and American roots!

We still have more fabulous programming on Saturday! Numerous mini-workshops will be taking place as well as the Council of Presidents Closing Session. Afterwards enjoy some time in Williamsburg or Busch Gardens!

I need to say thanks to all of you who have helped make this conference a successful one! We had terrific teamwork! If you had a wonderful conference please let local arrangements and the program committee know how much they were appreciated! Hoping you safe travels home and see you in Virginia next year!



Pamela Pitman Brown, PhD, CPG,
2015 Program Chair

WELCOME TO WILLIAMSBURG, VIRGINIA



Williamsburg was founded as the capital of the Virginia Colony in 1699. The original capital, Jamestown was the first permanent English-speaking settlement in the New World, founded in 1607. Colonial leaders petitioned the Virginia Assembly to relocate the capital from Jamestown to Middle Plantation, five miles inland between the James and the York Rivers. The new city was renamed Williamsburg in honor of England's reigning monarch, King William III. Williamsburg celebrated its 300th Anniversary in 1999.

It seems highly appropriate that our conference will be held in a place renowned as a center of learning.

Today, the Greater Williamsburg area is known internationally as the premier center for the preservation and interpretation of American colonial history. It is home to Colonial Williamsburg, the Jamestown Settlement, and the Yorktown Battlefield, as well as the second oldest academic institution in the US: The College of William & Mary.

Entertainment includes Busch Gardens, award-winning golf courses, wineries and breweries, and numerous dining establishments.

The advertisement features a green header with the text "Independent Living", "Assisted Living", and "Memory Care". Below this is a logo consisting of a stylized tree icon above the text "GREENFIELD SENIOR LIVING" and the tagline "CARING FOR THOSE WHO CARED FOR US". At the bottom, the website "www.greenfieldseniorliving.com" is listed along with small icons for a wheelchair and a house.

stimulate
the mind

rejuvenate
the soul

IN MEMORIAM

DR. SHANTA SHARMA

Professor of Sociology & Director of Gerontology Programs: Henderson State University

Dr. Shanta Sharma passed away suddenly on October 25, 2014. She had been honored in April 2014 for over 25 years of service to colleagues, faculty, and the sociology and gerontology programs at Henderson. Dr. Sharma had also taught in Chandusi, India. The last three weeks of her life in the hospital and Hospice she was attended to by many of her students who had graduated. Among the many associations, Dr. Sharma had been active in were the Association for Gerontology in Higher Education, the MidSouth Sociological Association, The Gerontological Society of America and others. She also held committee positions in the MidSouth Sociological Association, and was always active in advancing the organizations' membership and bringing new colleagues into the organizations.

Throughout the years, Dr. Sharma was the springboard, creator and chair of various panels for the gerontology conferences, and presented papers at national and international seminars, including Oxford University. Involving diverse aspects of research on the elderly, they included nutrition and religion, Elderly Abuse, Meditation and the Elderly, statistical analyses involving the diversity of aging, both in India and the United States, including housing, poverty, retirement and new beginnings, victimization, issues of disabilities, displacement mentally, physically, and economically.

Dr. Sharma was a "scholar's scholar," always developing new concepts and topics for enlarging the field of gerontological research. She helped to combat strategies for changing the nature and philosophy of ageism. She was a strong advocate and an international leader in the changes advancing the field of gerontological education and community outreach. Dr. Sharma held masters, doctorate, and post doctorate degrees in gerontology from Wayne State University, Michigan.

~Respectfully submitted by C.S. Westerhof

IN MEMORIAM

DR. KENNETH GRAHAM COOK

AARP, Director of the Andrus Foundation, and SGS President (1995-1996)

Dr. Cook passed away on Monday, October 28, 2013 at his home in Arlington, VA. Dr. Cook was on the staff of AARP for 21 years, retiring in 1996 as Director of the Andrus Foundation. He was a long-time volunteer for AGHE (1995-2013), as well as President of the Southern Gerontological Society, a member of the Episcopal Diocese of Virginia's Committee on Aging, and Tri-Diocesan Council on Aging (VA). Before AARP, Dr. Cook was VP of Century Research Corporation, a statistical consultant for the U.S. Army, and also served in personnel administration for Chrysler.

Dr. Cook was a graduate of Penn State University, earning BS and MS degrees in Industrial Psychology. He received a PhD in Psychology from American University. He was awarded AGHE's Mildred M. Seltzer Distinguished Service Recognition in September of 1996. A long-time member of St. Michael's Episcopal Church in Arlington, he sang in the choir, and served as a Lay Eucharistic Minister, Lay Reader, and with the nursing home ministry.

I shared an office with Dr. Cook while at AGHE in the fall of 2007. He was a pleasure to be around, and harbored a quick wit. He was a gracious and humble mentor who taught me a great deal, not only the who's who in gerontology but also about navigating computer software, and provided academic encouragement along the way.

~Submitted by P. Brown

GENERAL INFORMATION

Badge & Event Ticket Policy

A conference registration badge is required for admission to all annual meeting session events. The Presidential Opening Session, the GRITS brunch, and the Presidential Gala are ticketed events and will require attendees to present the tickets provided to them in their registration materials in order to gain admission. Additional tickets, for any or all of these three ticketed events, may be purchased at the registration booth.

Business Center

The DoubleTree by Hilton can assist with many business needs. Shipping, copying, and fax services are available to conference attendees through the hotel sales office.

Internet Access

Wireless Internet is free in the following areas: Public Areas, Guest Rooms

An internet fee applies for Wired-connections in the Guest Rooms, and Meeting Rooms.

Cell Phone Policy

As a courtesy to the presenters and other attendees, please turn off your cell phone or set it on vibrate when in conference sessions.

Emergency and Medical Assistance

In case of an emergency or if medical assistance is required, dial “0” on the house phone closest to you. The hotel operator will direct your call appropriately. Please note that Riverside Doctors Hospital is 1 mile from the hotel. Address: 1500 Commonwealth Avenue. Phone: 757-585-2200.

Housing

The Double Tree by Hilton Williamsburg will host 36th Annual Meeting. To help you find your way around the hotel, please refer to the **hotel floor plan on page 12**.

Child Care Arrangements

Should attendees be in need of child care, please contact Christine Jensen at Christine.Jensen@rivhs.com for assistance.

Hotel Shuttle

The hotel shuttle may be scheduled to take guests to local area locations. Please speak with the hotel front desk to make these arrangements. A shuttle fee may apply.

Lost & Found

Lost items should be returned to the SGS registration booth. Should you lose anything, please visit the registration booth to report the lost item. If the registration booth is closed, please turn in lost items to the hotel's front desk.

Photography Disclaimer

By attending the SGS 2015 Annual Meeting, you acknowledge that photographs and/or videos of you may be taken by our conference staff and/or photographers at any time. Furthermore, you grant SGS permission to use photographs and/or videos of your likeness in any type of media, including websites and print publications, without compensation or reward.

Message and/or Job Board

A board is located near the registration area for posting of messages and/or job announcements.

Registration

Registration is located on the main floor of the hotel conference center next to the Harrison Ballroom.

Registration Desk Hours

Wednesday, April 15	11:00a.m. - 7:00p.m.
Thursday, April 16	8:00a.m. - 4:00p.m.
Friday, April 17	8:00a.m. - 4:00p.m.
Saturday, April 18	8:00a.m. - 10:00a.m.

Services for the Disabled

If special arrangements are required for individuals with disabilities to attend this meeting, visit the registration desk for assistance

Be sure to tag your pictures and tweets with #SGSEngage and share with @sgsmgr

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Registration and housing open June 2015.
For more information, visit geron.org/2015.



This Continuing Educational activity is jointly provided by The Annenberg Center for Health Sciences at Eisenhower and The Gerontological Society of America.

2015 MEETING SCHEDULE AT-A-GLANCE

WEDNESDAY, APRIL 15, 2015

11:00am-7:00pm	Meeting Registration	9:00am-5:00pm	Silent Auction - place final bids before 4:50pm!
11:00am-6:00pm	Exhibit Set-Up	8:30am-10:00am	SGS Membership Business Meeting Breakfast
2:00pm-6:00pm	Collection for Silent Auction	10:10am-11:30am	Concurrent Session IV
4:00pm-6:00pm	Opening SGS Board of Directors Meeting	11:40am-1:00pm	Concurrent Session V
6:30pm-8:00pm	Opening Meet & Greet, Presidential Opening Reception & hors d'oeuvres*	1:00pm -2:00pm	Join a Committee Luncheon
8:00pm-9:30pm	Student Poster Session	2:00pm-3:20pm	Keynote Symposium – Jim Vanden Bosch, Terra Nova Films

THURSDAY, APRIL 16, 2015

8:00am-9:00am	Coffee station open
8:00am-4:00pm	Meeting Registration
8:00am-4:00pm	Exhibits Open
9:00am-5:00pm	Silent Auction Open
8:30am-10:00am	Professional Poster Session
8:30am-10:00am	“Convoys of Care” Opening Presidential Symposium
10:00am-11:00am	President’s Opening Address
11:00am-12:30pm	Gerontologists Rooted in the South (GRITS) Luncheon*
12:30pm-1:50pm	Concurrent Session I
2:00pm-3:20pm	Concurrent Session II
3:30pm-4:50pm	Concurrent Session III
5:45pm-8:00pm	Dine-Arounds
8:30pm until 11pm	1st Annual SGS Jam-A-Palooza Open Microphone Night

FRIDAY, APRIL 17, 2015

6:00am-7:00am	5K Williamsburg Fun Walk/Run
8:00am-4:00pm	Meeting Registration
8:00am-4:00pm	Exhibits Open
8:00am-8:30am	Memorial & Reflection Services

9:00am-5:00pm	Silent Auction - place final bids before 4:50pm!
8:30am-10:00am	SGS Membership Business Meeting Breakfast
10:10am-11:30am	Concurrent Session IV
11:40am-1:00pm	Concurrent Session V
1:00pm -2:00pm	Join a Committee Luncheon
2:00pm-3:20pm	Keynote Symposium – Jim Vanden Bosch, Terra Nova Films
3:30pm-4:50pm	Concurrent Session VI
5:00pm	END OF SILENT AUCTION
5:45pm	1st shuttle leaves for Jamestown Settlement
6:15pm	2nd shuttle leaves for Jamestown Settlement
6:00pm -10:00pm	Presidential Gala & Awards Ceremony*

SATURDAY, APRIL 18, 2015

8:00am-10:00am	Meeting Registration
7:45am-9:00am	Continental Breakfast Station
8:15am-9:00am	Concurrent Mini Workshop Session I
9:00am- 9:45am	Concurrent Mini Workshop Session II
9:45am – 10:30am	Concurrent Mini Workshop Session III
10:30am-12:00pm	Council of Presidents Closing Session
12:30pm-2:00pm	Closing SGS Board of Directors Meeting

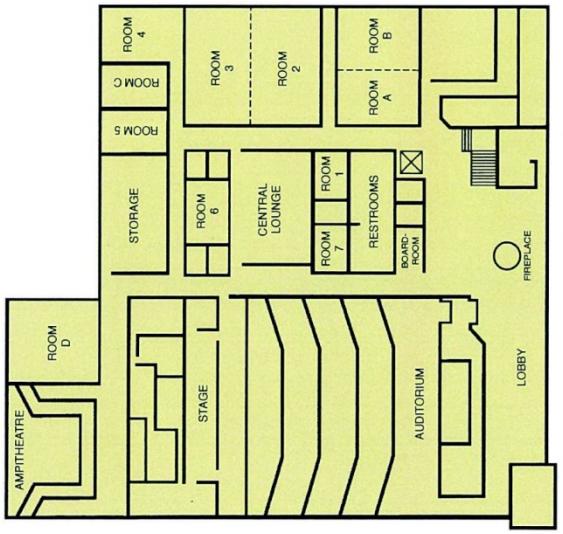
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- Sigma Phi Omega (SPO)
- University of Arkansas, Division of Agriculture, Research & Extension
- Virginia Geriatric Education Center
- Virginia Commonwealth University, Department of Gerontology
- WIGL (Women in Gerontology Legacy Project)

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If you are financially able, please consider a tax-deductible donation to the Southern Gerontological Society. We would sincerely appreciate any level of support. We are grateful for your support. You may make a donation by mailing a check to:

Lee Ann S. Ferguson, Association Manager
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Terra Nova Films

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GRITS: Gerontologists Rooted in the South

2015 GRITS Hall of Fame *Gerontologists Rooted in the South (GRITS) of Distinction*

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

The 2015 GRITS of Distinction honorees are:

		
Victor H. Marshall, Ph.D.	Erdman B. Palmore, Ph.D.	Frank J. Whittington, Ph.D.
Professor Emeritus	Professor Emeritus	Professor of Gerontology
Institute on Aging	Medical Sociology, Gerontology	College of Arts and Sciences
UNC Chapel Hill	Duke University	George Mason University

Come and celebrate the accomplishments of these dedicated gerontologists on Thursday, April 16, 2015 during our annual luncheon in the Adams Ballroom from 11:00am – 12:30pm.

This ceremony is sponsored by Sage Publications

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

CONFERENCE HIGHLIGHTS

INVITED GUEST & WORKSHOP SPEAKER*

Thursday, April 17 2:00pm - 3:20pm

Room: 18

SGS is proud to welcome special invited guest, Paul Raia, Ph.D., who has directed patient care and family support at the Alzheimer's Association for the past 22 years and now serves as Vice President of Clinical Programs at the Alzheimer's Association, MA/NH Chapter. He has developed an approach to dementia care called "Habilitation Therapy," a technique that focuses on the person's emotions and their remaining capacities. Dr. Raia will share information his model of "behavioral sleuthing" during a special workshop session.



**Funding for this program is provided by the Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS), under Grant No. UB4HP19210 to Virginia Geriatric Education Center*

INVITED KEYNOTE SPEAKER

Friday, April 17 2:00pm - 3:30pm

Room: Taylor



Jim Vanden Bosch is the founder and Executive Director of **Terra Nova Films**, a not-for-profit entity that has produced multiple award-winning films on a variety of aging-related issues, including several videos on best practices in communicating and working with persons who have dementia. Taking what he has learned in the production of these videos, and combining it with up-to-date research and clips from other insightful videos, Mr. Vanden Bosch has pulled together a unique tapestry of visual learning that reaches where ordinary "talks" cannot go.

PRESIDENTIAL GALA AT JAMESTOWN SETTLEMENT

Friday, April 17 6:00pm - 10:00pm



Conference attendees will not want to miss this highlight event being held at Jamestown Settlement. Gala guests will be able to relax, have dinner and dessert, enjoy drinks (cash bar), and experience history through the Galleries. Our evening will include an awards ceremony recognizing the recipients of the prestigious Gordon Streib Distinguished Academic Gerontologist Award, the Applied Gerontologist Award, the Rhoda Jennings Distinguished Older Advocate Award, Best Practices Award, Media Award, and the Student Paper and Poster Awards. Recipients selected to receive the Virginia Association on Aging Student Research Scholarship Award and the SGS Student Support Scholarship Awards will also be recognized.

Shuttles will transport guests from the DoubleTree. Shuttle times to depart the hotel are at 5:45 p.m. and 6:15 p.m. Shuttle will also be available to return guests back to the hotel with the first return shuttle at 9:30pm and final shuttle at 10pm.

SESSION FORMATS

Symposium

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

Workshop

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

Mini-workshops are 45 minutes in length and feature speaker(s) engaging the audience with specific skills, strategies and/or techniques.

Paper

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

Poster

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

PROGRAM NOTE

Each format in the program has a pre-assigned allotment of time; time is built in for speaker and technology changes.

Time allotments per format are as follows:

<i>Symposium</i>	<i>80 minutes</i>
<i>Workshops</i>	<i>80 minutes; either one presentation or two 40-minute presentations per session</i>
<i>Papers</i>	<i>15 minutes per paper, 2-4 papers per session</i>



The essential resource for navigating gerontology and geriatrics educational programs!

The Association for Gerontology in Higher Education will be releasing the Online Directory of Educational Programs in Gerontology and Geriatrics. This comprehensive, easy-to-use resource allows the user to browse educational programs in gerontology and geriatrics by location, type of degree program, certificate, or fellowship offered. AGHE members receive a special member benefit! The online directory will have two different formats for how a program's details are listed and only AGHE members are able to provide a detailed listing.

For more information, visit aghe.org/onlinedirectory.

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FULL MEETING SCHEDULE

WEDNESDAY, APRIL 15

11:00am-7:00pm

11:00am-6:00pm

2:00pm-6:00pm

Meeting Registration

Exhibit Set-Up

Collection for Silent Auction

Proceeds of the Silent Auction fund the SGS

Student Support Scholarship Award

Registration Desk

Promenade Area

Room J

Silent Auction

The silent auction will be open in **Room J** throughout the conference with intake of items for auction beginning on Wednesday, April 15 from 2:00pm until 6:00pm. The silent auction will be open for bidding on Thursday, April 16 from 9:00am until 5:00pm (closed during GRITS Brunch) and again on Friday, April 17 from 9:00am until 5:00pm. Bid sheets will be pulled on Friday at 4:50pm. Visit often, bid high, and bid often! Our donations to the silent auction are excellent this year! The money raised from the silent auction goes directly to the SGS Student Support Scholarship Fund.

4:00pm-6:00pm

**Opening SGS Board of Directors
Meeting**

Room 8

6:30pm-8:00pm

**Opening Meet & Greet,
Presidential Opening Reception &
hors d'oeuvres***

**Harrison &
Taylor**

Please let us welcome you to the 2015 SGS Annual Conference. This opening session will commence with opening remarks by our current SGS President, Dr. Don E. Bradley. Following this, our reception will feature the poster presentations of the emerging generation of gerontologists. Please come and share in this vital networking opportunity, enjoy some hors d'oeuvres, and engage in the works of our students!

This reception is sponsored by the University of Arkansas, Division of Agriculture, Research & Extension, Sage Publications, and Western Kentucky University.

*This is a ticketed event

8:00pm-9:30pm

STUDENT POSTER SESSION 1

**Harrison &
Taylor**

Student Poster 1

Interdisciplinary community outreach for PALETTE (Promoting Art or Life Enrichment through Transgenerational Engagement)

Sabrina Hise, BA, Virginia Commonwealth University; Sadie Rubin, MSSW, PALETTE Program; Tracey Gendron, PhD, MSG, Virginia Commonwealth University

Student Poster 2

Preparing for disaster: Lexington, Kentucky's emergency plans for older adults

Amy M. Schuster, MSW; Natasha Niro, MA; Michael Schuier, MFT; Georgian Tiu, MPH; Mohamed Abofaye, MD, MPH, University of Kentucky

Student Poster 3

Tweets and television: Representations of older adult characters in popularly tweeted television shows

Meagan Jain, B.A., Georgia State University, Department of Gerontology

Student Poster 4

Understanding adult foster care state by state: Provider experience in North Carolina

Kelly Munly, MS, Virginia Tech; Karen Roberto, PhD, Virginia Tech; Katherine R. Allen, PhD, Virginia Tech

Student Poster 5

Future care needs and policy perspectives: Interviewing childless lesbians between 50-65 years old

Colleen Bennett, PhD (c), University of Maryland, Baltimore County (UMBC)

Student Poster 6

The impact of acculturation, social support, religiosity, & spirituality on depression among the older active Filipino in the Hampton Roads area of Virginia.

Kinga Gudor, ABD, Norfolk State University

Student Poster 7

Daily variations in subjective age: The role of stress and negative affect

Jennifer Bellingtier, MA; Shevaun Neupert, PhD, North Carolina State University

Student Poster 8

Comorbidities as risk factor for falls among US older population

Yoshita Paliwal, PhD; Patricia W. Slattum, PharmD, PhD; Scott M. Ratliff, MS, Virginia Commonwealth University

Student Poster 9

Factors affecting help-seeking behavior of family caregivers of dementia throughout the pathway to diagnosis: An integrative literature review

Mihee Chung, RN, BSN, University of Virginia School of Nursing

Student Poster 10

Increasing participation in activities and self-efficacy in long-term care facility residents through a resident-operated store

Hannah Elliott, MBA, MA; Christopher Kelly, PhD, University of Nebraska Lincoln

Student Poster 11

Enhancing relationships between older adults and companion animals: Developing a handbook of services to promote and support beneficial interactions

Deborah Tillman, MA, University of North Carolina-Charlotte

Student Poster 12

Developing case studies to teach ethics in gerontology

Lacy Will, MSG, VCU Department of Gerontology

Student Poster 13

The feasibility of conducting LGBT-specific cultural competency training in assisted living facilities

James Moorhead, Jr., BA; Chivon Mingo, PhD, Georgia State University

Student Poster 14

What will they do? Where will they go? An assessment of needs and desires of residents 50+ in a college town

Sherry R. Lind, Research Assistant, Scripps Gerontology Center



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THURSDAY, APRIL 16

8:00am-4:00pm

8:00am-4:00pm

9:00am-5:00pm

(Closed from 11am-12:30am for GRITS brunch)

Meeting Registration

Exhibits Open

Silent Auction Open

Proceeds of the Silent Auction fund the SGS Student Support Scholarship Award

Registration Desk

Promenade Area

Room J

8:30am-10:00am

PROFESSIONAL POSTER SESSION 2

Harrison

Professional Poster 1

A nurse initiative to improve oral hygiene among older veterans

*Andrea Jennings, PhD, Louis Stokes Department of Veterans Affairs Medical Center,
Dawn Robinson, MSN, Louis Stokes Department of Veterans Affairs Medical Center, Diane
Pulphus, MSN, Louis Stokes Department of Veterans Affairs Medical Center,*

Professional Poster 2

Preliminary results of the Extension Wellness Ambassador Program pilot

*Lisa Washburn, DrPH; LaVona Traywick, PhD; Lauren Copeland, BS; Jessica Vincent, MEd,
University of Arkansas Division of Agriculture, Cooperative Extension Service*

Professional Poster 3

Older adult's perceptions of adolescent-aged people participating in ASSIST: An intergenerational faith-based service program

*Ronda Christman, PhD, RN, MSN, MA, Southern Adventist University; Polly Westman, RN,
Polly's Outreach Ministries*

Professional Poster 4

Use of complementary and alternative medicine for arthritis by older women

Elizabeth Tait, Ph.D; April Tallant, Ph.D, Western Carolina University

Professional Poster 5

How is engaging the aging a two-way street between college students and assisted living facility residents?

Julie Rutledge, PhD, Louisiana Tech University; Amy Yates, PhD, Louisiana Tech University

Professional Poster 6

Saving the elderly: Preventing abuse in later life

Dezette Johnson, Ph.D, Johnson C. Smith University

Professional Poster 7

Catch a Glimpse of Me: Development of person-centered care/ legacy videos through collaboration of resident, family member, and staff member focus groups.

Tracey, Gendron, PhD; Lindsay King, MSG; E. Ayn Welleford, PhD, Virginia Commonwealth University

Professional Poster 8

CATCH Healthy Habits: An examination of a university community partnership implementing an intergenerational program for improving physical health and activity

Sara Link, MS, VCU/Senior Connections; Sara Morris, CHES, Great Richmond Age Wave Readiness Coalition; Corie Dean, BA, Virginia Commonwealth University; Thelma Watson, PhD, Senior Connections: Capital Area Agency on Aging; E. Ayn Welleford, Ph.D., Virginia Commonwealth University; P. Holtgrave, The OASIS Institute

Professional Poster 9

Satisfaction in a small unit nursing home compared to a traditional skilled nursing facility

J. James Cotter, PhD; Tracey Gendron, PhD; Jennifer Inker, MSG, Virginia Commonwealth University; Melissa Fortner, Virginia Mennonite Retirement Community

Professional Poster 10

It's complicated: Examining ageism and age discrimination in "The Office"

Jaye Atkinson, PhD, Georgia State University

Professional Poster 11

Operationalizing a person-centered care academic mission through strategic marketing and community engagement efforts

Jay White, MSG; E. Ayn Welleford, PhD, Virginia Commonwealth University

Professional Poster 12

AgeWave Readiness: An academic model for integrating classroom and community in Age Wave Planning

Jay White, MSG, Virginia Commonwealth University; Sara Link, MS, VCU/Senior Connections; Jennifer Inker, MSG, Virginia Commonwealth University; James Brooks, AARP of Virginia; Andrew Terry: RVA Rapid Transit; Corie Dean, Virginia Commonwealth University; Lacy McGinely, Virginia Commonwealth University; Ashley Holliday, Virginia Commonwealth University; Thelma Watson, PhD, Senior Connections: Capital Area Agency on Aging; E. Ayn Welleford, PhD, Virginia Commonwealth University,

Professional Poster 13

A tweet can speak volumes: fight a war, see the world, get a PhD, play sports, raise a family, jam to Herbie Hancock, and enjoy life - #vcuseniormentoring

Jennifer Inker, MSG, Virginia Commonwealth University; Tracey Gendron, PhD, Virginia Commonwealth University; Peter Boling, MD, Medical College of Virginia

Professional Poster 14

Aerobic exercise, quality of life, and instrumental activities of daily living in older adults

Anna Ord, MA, MBA, Regent University; Sue-Mei Slogar, BA, Regent University; Scott Sautter, PhD, Hampton Roads Neuropsychology; Kasturi Bhattacharjee, PGDHRM, Regent University; David Howerin, MA, Regent University; Allison Stitt, UNC Chapel Hill; Krista Edwards, Hampton University

Professional Poster 15 (ADRD Track)

Innovative community based programs for people with moderate cognitive impairment

Tina Thomas, MSHP, BS, Certified Dementia Practitioner

Professional Poster 16

Microaggression and gerontophobia: The not-so-subtle ageism in our society

Tracey Gendron, PhD; John White, MSG; Jennifer Inker, MSG; E. Ayn Welleford, PhD, Virginia Commonwealth University

Professional Poster 17

Barriers and facilitators to completing an advance care plan among older adults in western North Carolina

Jennifer Stuart, MLIS, Mountain Area Health Education Center; Turner Goins, PhD, Western Carolina University

Professional Poster 18 (ADRD Track)

Goals of care, dementia, and the nursing home setting

Robin Gilliam, MSW; Laura Hanson, MD, MPH; Feng-Chang Lin, PhD, University of North Carolina-Chapel Hill; Latarsha Chisholm, PhD, MSW, University of Central Florida

Professional Poster 19 (ADRD Track)

Arts Fusion: The power of creativity in dementia care

Lauren Catlett, BA, Alzheimer's Association of Central and Western Virginia

Professional Poster 20

Caring across borders: The stresses of immigrant men

Kathryn Green, MS, Ohio State University Extension

Professional Poster 21

Project Prisms: Intergenerational mentoring of rural children by seniors & college students

Karen Kopera-Frye, PhD; Rita Massey, BA, University of Louisiana at Monroe

Professional Poster 22

Technological innovation & quality of life for older adults: Are we asking the right questions?

Luci Bearon, PhD, North Carolina State University

Professional Poster 23

Get Off Your Rocker: Program solutions for positive aging

Fran Pearson, RN, MSW, LCSW, UNC-Greensboro, Congregational Social Work Education Initiative (CSWEI); Jay Poole, PhD, LCSW, UNC Greensboro; Wayne Moore, PhD, UNC Greensboro; Ashley Bennerson, CSWEI, MSW(I); Jamie McManess, CSWEI, MSW(I); Kandis Kelly, MSW(I); Antonisha Floyd, BSW(I);

Professional Poster 24

Keys to embracing aging

Amy Hosier, PhD, University of Kentucky; LaVona Traywick, PhD, University of Arkansas Division of Agriculture

Professional Poster 25

Supporting aging military caregivers

Laura J Bauer, MPA; Leisa Easom, PhD, RN; Angel L. Ramos, MBA, Rosalynn Carter Institute for Caregiving

Professional Poster 26

Continuing education for the urban versus rural direct care workforce

Jennifer Pryor, MSG; Tracey Gendron, PhD; E. Ayn Welleford, PhD, Virginia Commonwealth University

Professional Poster 27

Cultural lag, medical advances and normative readjustments

Jeff Brooks, PhD, MSW, Fayetteville State University

8:30am-10:00am

OPENING PRESIDENTIAL SYMPOSIUM 1

Taylor

Convoys of Care in Assisted Living: From Theory to Practice

Candace Kemp, PhD, The Gerontology Institute, Georgia State University; Mary Ball, PhD, Division of Geriatric Medicine & Gerontology, Emory University; Molly Perkins, PhD, Division of Geriatric Medicine & Gerontology, Emory University; Jennifer Craft Morgan, PhD, The Gerontology Institute, Georgia State University; Patrick Doyle, PhD, Corporate Director of Memory Care Services, Brightview Senior Living; Elisabeth Burgess, PhD, Director, The Gerontology Institute, Georgia State University, (Discussant); Frank Whittington, PhD, Professor of Gerontology, George Mason University

10:00am-11:00am

PRESIDENTIAL WELCOME & OPENING REMARKS

Taylor

11:00am-12:30pm

GRITS (Gerontologists Rooted in the South) Awards Luncheon*

Adams

GERONTOLOGISTS ROOTED IN THE SOUTH (GRITS) LUNCHEON

The SGS brunch honors Gerontologists Rooted in the South (GRITS). At the end of the luncheon, this year's *GRITS of Distinction* will be recognized. This honor will be bestowed on three distinguished members. Biographical information and SGS contributions of these *GRITS of Distinction* will be placed on the SGS website and distributed during the meal. **This is a ticketed event*

CONCURRENT SESSION I

12:30pm-1:50pm

Paper Session 1: (Room 15)

1. Predictors of grandparents caregiver style among Caucasian, African-American, & Hispanic-American caregivers

R. Mishelle Rodriguez, PhD, University of North Texas; Bert Hayslip, PhD, University of North Texas; Julian Montoro-Rodriguez, PhD, University of North Carolina-Charlotte

2. "I knew what to expect..." Reflections on knowledge of aging versus personal experiences of female gerontologists.

Pamela Pitman Brown, PhD, CPG, Winston-Salem State University; Adrienne Cohen, PhD, Center for Social Gerontology, Georgia Southern University; Dana Burr Bradley, PhD, Center for Gerontology, Western Kentucky University; Carroll Estes, PhD, Institute for Health & Aging, University of California-San Francisco

3. Legal issues in grandparenting: Does it have to be all or nothing?

E. Wayne Brown, JD, Muskingum University; Pamela Pitman Brown, PhD, CPG, Winston-Salem State University

Paper Session 2: (Room 17)

4. Challenges to continuities in music community identification: The case of aging Deadheads

Rebecca Adams, PhD, University of North Carolina-Greensboro; Justin Harmon, MS, Texas A&M

5. Emergency preparedness coursework in health & LTC administration programs: Survey results & future directions

Mary Helen McSweeney-Feld, PhD, Towson University; Wendy Whitner, PhD, Towson University; Wayne Nelson, PhD, Towson University; Cyrus Engineer, PhD, Towson University

6. Rural communities & emergency preparedness

Andrew Ferguson, MASS

Workshop 1 (Room H)

7. Arts Fusion: The power of creativity in dementia care (ADRD Track)

Lauren Catlett, BA, Alzheimer's Association of Central & Western Virginia

Workshop 2 (Room 16)

8. The Lindsay Institute for Innovations in Caregiving: Advancing caregiver health

Richard Lindsay, M.D., The Lindsay Institute for Innovations in Caregiving; Gordon Walker, M.SCI, The Lindsay Institute for Innovations in Caregiving; Adrienne Johnson, MSW, Senior Navigator/The Lindsay Institute for Innovations in Caregiving,

Workshop 3 (Room 11)

9. The politics and policies of aging

Laura Feldman, BGS, National Committee to Preserve Social Security & Medicare

Symposium 2 (Room 18)

10. Life course perspectives and social gerontology: Profusion and confusion

Victor Marshall, PhD, University of North Carolina-Chapel Hill; Malcolm Cutchin, PhD, Wayne State University

CONCURRENT SESSION II

2:00pm-3:20pm

Invited Keynote Dr. Paul Raia: (Room 18) (ADRD Track)

11. Habilitation therapy and behavioral sleuthing

Paul Raia, Ph.D., Vice President of Clinical Programs at the Alzheimer's Association, MA/NH Chapter

Paper Session 3: (Room H)

12. Coping strategies of American Korean War veterans in later life

HeeSoon Lee, PhD, Bowling Green State University; Brett Holden, PhD, Bowling Green State University

13. Failure to thrive: The anorexia of aging

Donna McHaney, DNP, FNP-BC, South University; Billie Ward, MSN, Western Governors University

Paper Session 4: (Room 17)

14. Retirement risk: Has spending on children's college education replaced Boomer's retirement savings?

Janice Wassel, PhD, University of North Carolina-Greensboro

15. Friend requests or musical requests: What types of activities increase social support among older adults in continuing care retirement communities?

Elizabeth Yost, PhD, College of William & Mary; Vicki Winstead, PhD, University of Alabama-Birmingham; Ron Berkowsky, Postdoctoral Associate, University of Miami, Miller School of Medicine; Shelia Cotten, PhD, Michigan State University

16. Grandma created a living trust & sibling rivalry shattered it

Cathy Jo Cozen, BA, CG, Retired LTC Ombudsman,

Workshop 4 (Room 16)

17. A blueprint for a livable community: One city's approach to developing and mobilizing a community wide plan for seniors

John N. Skirven, MSS, Senior Services of Southeastern Virginia; Wanda Barnard-Bailey, PhD, City of Chesapeake

Workshop 5 (Room 11) (ADRD Track)

18. Assessing medical and financial decision making capacity in older adults

Jennifer Lumpkin, PsyD, Hunter Holmes McGuire VA Medical Center; Kathryn Wilder Schaaf, PhD, Hunter Holmes McGuire VA Medical Center

Symposium 3 (Room 15)

19. Advanced illness management: Moving upstream through comprehensive systems and community collaborations

Kyle Allen, DO, Riverside Health System; Laura Cunningham, MD, Riverside Health System; Carol Wilson, MSHA, Riverside Health System

CONCURRENT SESSION III

3:30pm-4:50pm

Student Paper Session 1: (Room 11)

20. Autonomy, depression, and religious coping in the elderly

Cassidy Clevenger, BA, Samford University; Sandra Willis

21. The needs of those aging with HIV/AIDS: In their own words

Jodi McQuillen, PhD, University of Nebraska- Omaha

22. Dancing in the street

Yujun Liu, MSW, Virginia Tech University; Xiaolu Dou, PhD(c), Peking University

23. Exploring transportation resources for older adults in Appalachian Ohio

Sarah Boehle, MGS, ABD, Miami University

Paper Session 5: (Room 15)**24. Psychosocial factors as mediators of the racial disparity in diabetes distress among older adults**

Ishan Williams, PhD, University of Virginia; Olivio Clay, PhD, University of Alabama-Birmingham; Fernando Ovalle, MD, University of Alabama-Birmingham; Michael Crowe, PhD, University of Alabama-Birmingham

25. Changing prevalence of diabetes comorbidities for Texas nursing home residents, 1999 to 2009

Leland Coxe, PhD, Eastern Kentucky University; Kathie Lennertz, MS, Eastern Kentucky University

26. Transforming pressure ulcer prevention care processes through cueing innovations

Tracey L. Yap, PhD, RN, School of Nursing, Duke University; Susan Kennerly, PhD, RN, School of Nursing, University of North Carolina-Charlotte; Nancy Bergstrom, PhD, RN, School of Nursing, University of Texas-Houston; Susan Horn, PhD, Institute for Clinical Outcomes Research Vice President, Research, International Severity Information Systems, Inc.

Paper Session 6: (Room 17)**27. Integrating us census data with geographic information systems to understand local community connections**

Deano Traywick, BS, University of Arkansas at Little Rock Institute for Economic Advancement

28. Migration decision-making among older couples

Don Bradley, PhD, Samford University

Workshop 6 (Room 16) (ADRD Track)**29. Evidence-based, innovative dementia care to sustain function and enhance well-being: Moving from problem-oriented to relationship-focused care (research meets community)**

Alida Loinaz, OTR, CDP, CADDCT, PhD(c), University of Maryland, Baltimore; Christi Clark, ALA, CMIS, Insight Memory Care Center

Workshop 7 (Room H)**30. Regional coalition implements Stanford's chronic and diabetes self-management workshops**

Kim Weitzenhofer, MPH, Riverside Center for Excellence in Aging & Lifelong Health; Anne Elder, RN, BSN, Peninsula Agency on Aging

Symposium 4 (Room 18)

31. Aging, obesity, & livable communities: A convergence of interests

Ed Rosenberg, PhD, Appalachian State University; Lou Tobian, MBA, AARP Arkansas; Kate Alie, MS, RD, Virginia Department of Health

Local Area Dine Arounds

5:45pm-8:00pm

Enjoy the local eateries with some of SGS's most engaging hosts! Sign up for your choice of dinner and company at the registration area. Groups will meet in the lobby at times designated by the hosts, so please be sure to check for times on the signup sheets. **Attendees are welcome to head out on their own for dinner but be sure to be back for the entertainment you WILL NOT WANT TO MISS!**

8:30pm - 11:00pm

The FIRST EVER SGS
"JAM-A-PALOOZA" MUSIC
FEST!!

Pitcher's Sports Bar at
the DoubleTree by
Hilton

Come join us at Pitcher's Bar & Grill (in the DoubleTree Hilton Hotel) for an open microphone evening where our conference attendees are invited to share their musical talents! Given that SGS has some very talented musicians; this will be a very fun and entertaining evening for all!



*Congratulations,
on the SGS 2015
Annual Meeting!*

WKU offers a Graduate Certificate in Aging Studies and undergraduate students may complete a Gerontology Minor and a Aging Specialist Certificate. Related options include a Health Studies Major with a concentration in Gerontology, Bachelors in Interdisciplinary Studies with a concentration in Health or a Long Term Care Certificate.

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FRIDAY, APRIL 17

6:00am-7:00am	5K Williamsburg Fun Walk/Run	Meet in front of DoubleTree Hotel Lobby
8:00am-4:00pm	Meeting Registration	Registration Desk
8:00am-4:00pm	Exhibits Open	Promenade Area
9:00am-5:00pm	Silent Auction -Final bids start at 4:50pm!	Room J
8:00am-8:30am	Memorial & Reflection Services	Harrison
8:30am-10:00am	SGS Membership Business Meeting *Breakfast	Harrison

CONCURRENT SESSION IV

10:10am-11:30am

Student Paper Session 2: (Room 11)

32. Changing places: Adult children and the transition of aging parents

Sarah Gilbert, PhD, RN, Radford University

33. Nutritional perceptions of older Hispanic adults revealed in development of a cookbook of favored recipes

Laura Capranica, MA, University of North Carolina-Charlotte

34. Do formal and informal Alzheimer's disease caregivers use evidence-based practices?

Maggie McVeigh, Appalachian State University; Ed Rosenberg, PhD, Appalachian State University

35. Are undergraduate students inherently ageist? Overt and subconscious views of aging in societal context

Amy Schuster, MSW, University of Kentucky; Graham Rowles, PhD, University of Kentucky

Paper Session 7: (Room 15) (ADRD)

36. State dementia plans: Framing the Alzheimer's disease movement

Charlotte Arbogast, MSG, Virginia Department for Aging & Rehabilitative Services; E. Ayn Welleford, PhD, Virginia Commonwealth University; F. Ellen Netting, PhD, MSSW, Virginia Commonwealth University

37. Investigating the psychosocial impacts of dementia caregiving through blogs

Joel Anderson, PhD, University of Virginia

38. Formal and informal caregivers of persons with Alzheimer's disease: Exploring common areas of competencies

Christopher Kelly, PhD, University of Nebraska-Omaha; Ishan Carty Williams, PhD, University of Virginia; Jennifer Craft Morgan, PhD, Georgia State University

Paper Session 8: (Room 17)

39. The mobile health ecosystem

Janice Cunningham, MPH, Applied Innovation & Development Partners

40. Technology interventions for socialization in retirement communities

Dr. Claudia Rebola, Rhode Island School of Design

41. Factors affecting internet use among seniors US

Carol McDonough, PhD, University of Massachusetts-Lowell

Workshop 8 (Room 16)

42. Extension Get Fit

LaVona Traywick, PhD, MA, University of Arkansas Division of Agriculture; Lisa Washburn, DrPh, University of Arkansas Division of Agriculture; Jessica Vincent, MS, University of Arkansas Division of Agriculture; Lauren Copeland, BS, University of Arkansas Division of Agriculture

Workshop 9 (Room H)

43. Filling the cracks with coordinated care: Addressing the needs of low income community dwelling elders

Leland Waters, PhD, Virginia Commonwealth University; Sierra Alewine,, MSG, Virginia Commonwealth University; Lana Sargent, RN, MSN, FNP-C, GNP-BC, Virginia Commonwealth University; Antoinette Coe, PharmD, Virginia Commonwealth University; Rachel Weiskittle, BS, PsychD (c), Virginia Commonwealth University; Pamela Parsons-Ph.D, RN, GNP-BC, Virginia Commonwealth University

Symposium 5 (Room 18)

44. An idea whose time has come: Internet access to local community resources for aging at home.

Elizabeth Tait, PhD, Western Carolina University; Joanne Helppie, MD, Aging Projects, Inc; James Kelly, BS, Aging Projects Inc.

CONCURRENT SESSION V

11:40am-1:00pm

Student Paper Session 3: (Room 11)

45. An integrative review of African-American older adult decisions near the end of life

Karen Moss, MSN, RN, CNL, University of Virginia; Karen Rose, PhD, RN, FAAN, FGSA, University of Virginia

46. Assessing the Livability of Cities & Towns in Central NC for Older Adults:

Implementing the TJCOG Livability Self-Assessment

Heather Altman, MPH, UNC at Chapel Hill & Carol Woods Retirement Community; Mary Warren, MA, Triangle J Area Agency on Aging

47. Creating an age positive society through “Ageless interActions”

Meagan Jain, BA, Department of Gerontology, Georgia State University

Accidental Omission:

Can Adaptive Behavior and Practical Judgment Predict the Level of Cognitive Impairment in Older Adults?

Anna Ord, MA, MBA, Regent University, (annashi@mail.regent.edu), Jacob Phillips, BA, Regent University, Rebekah Kintzing, BA, Regent University, Sui-Mei Slogar, BA, Regents University, Allison E. Stitt, UNC Chapel Hill, aestitt@gmail.com, and Scott W. Sautter, PhD, Hampton Roads Neuropsychology

Paper Session 9: (Room 15)**48. Dancing in the street**

Dorothy Ibes, PhD, College of William & Mary

49. Older wiser learners series-OWLS

Kathy Green, MS, Ohio State University Extension; Carmen Irving, MA, Ohio State University Extension

50. The importance of the neighborhood environment for active aging in a mid-sized city

Rebecca Miles, PhD, Department of Urban & Regional Planning, Florida State University; Andrew Aurand, PhD, Senior Housing Planner, Montgomery County Planning Department

Paper Session 10: (Room 17)**51. Increasing social worker readiness to work with older adults**

Annemarie Conlon, PhD, MBA, MSW, Virginia Commonwealth University, School of Social Work; Constance Coogle, PhD, Virginia Commonwealth University, Virginia Center on Aging; Bonita Hogue, MSW, Virginia Commonwealth University Medical Center; Charles Alexander, MA, Virginia Commonwealth University, Internal Medicine;

52. Addressing quality of care: Measuring interprofessional core competencies

Myra Owens, PhD, Virginia Commonwealth University; Constance Coogle, PhD, Virginia Commonwealth University, Virginia Center on Aging; Jennifer Mathews, BS, Virginia Commonwealth University; Edward Ansello, PhD, Virginia Commonwealth University

Workshop 10 (Room 16) (ADRD)**53. Best practices in dementia-friendly care, research, and community (exploring what, why and how)**

Alida Loinaz, OTR, CDP, CADDCT, PhD(c), University of Maryland, Baltimore; Diane Koenig, PT, DPT, Bayada Home Health Care

Workshop 11 (Room H)**54. Improving the health of older adults with chronic conditions through partnerships and evidence based programs**

Fran Anderson, MD, Senior Services of Southeastern Virginia; Ebony Andrews, PharmD, RPH, Hampton University School of Pharmacy

Symposium 6 (Room 18)

55. Direct care workers: Understanding the promise of state-based training models

Jennifer Craft Morgan, PhD, The Gerontology Institute, Georgia State University; Cynthia Haley Dunn, GA Division of Aging Services; Catherine Ivy, MSW, LCSW, GA Dept. of Behavioral Health And Developmental Disabilities; Victoria Phillips, PhD, Emory University

1:00pm-2:00pm

LUNCH BREAK: Grab an entrée or snack from the DoubleTree Café and come LEARN ABOUT AN SGS COMMITTEE in the Harrison Room

Tables will be set up for committee meetings and will provide space for participants to enjoy their meals.

Publication Committee to meet in Room E (start at 12:45)

2:00pm-3:30pm

**FEATURE KEYNOTE SYMPOSIUM:
Jim Vanden Bosch
Terra Nova Films**

Taylor

CONCURRENT SESSION VI

3:30pm-4:50pm

Paper Session 11: (Room 15)

56. Worker harassment in assisted living

Elisabeth Burgess, PhD, Georgia State University; Christina Barmon, Georgia State University; James Moorhead, Georgia State University; Molly Perkins, PhD, Geriatric Medicine and Gerontology/Emory University,

57. Falling through the cracks in the sidewalk (ADRD)

Chih-ling Liou, PhD, Kent State University-Stark

58. What violations are occurring in special care units? An analysis of compliance in Virginia's assisted living facilities (ADRD)

Sung C. Hong, PhD, Virginia Commonwealth University, Virginia Center on Aging; Constance Coogler, PhD, Virginia Commonwealth University, Virginia Center on Aging, Charlotte Arbogast, MSG, Virginia Department of Aging & Rehabilitative Services

59. Taking it to the streets

Tarynn Witten, PhD, LCSW, FGSA, Virginia Commonwealth University

Workshop 12 (Room 16)

60. Bridges to health: Opportunities and challenges of implementing telehealth and telepsychiatry in senior living communities

Christy Helsel, RN, BSN, Riverside Health System; Donna Dittman Hale, MHA, CTC, Bay Rivers

Telehealth Alliance,

Workshop 13 (Room 11)

- 61. An interactive forum: "Alive Inside," music therapy and engaging demonstration of a clinical music therapy session featuring percussion**

Becky Watson, MBA, MT-BC, Music for Wellness, LLC; Judy Simpson, American Music Therapy Association; Rebecca Engen, PhD, MT-BC, Queens University of Charlotte; Ashley Tisdale, MT(Intern)

Workshop 14 (Room 17)

- ## **62. Repackaging the gerontology story**

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

Symposium 7 (Room 18)

- ### **63. Chronic Disease Self-Management Education (CDSME) in Virginia's prisons: Improving wellness, accountability and self-confidence in a population fallen through the cracks**

April Homes, MSEd, Virginia Department for Aging & Rehabilitative Services; Joan S. Welch, Senior Connections, the Capital Area Agency on Aging; Elizabeth M. Thornton, MS, Virginia Department of Corrections.

Come make your final bids! Payments accepted in cash, check, or major credit cards.

PRESIDENTIAL GALA & AWARDS CEREMONY*

6:00pm-10:00pm

***1st Shuttle to Jamestown leaves the hotel at 5:45pm**

***2nd Shuttle to Jamestown leaves the hotel at 6:15pm**

**This is a ticketed event*

[\\$150 per person](#)
Catered buffet dinner, cash bar, viewing of inside and outside
Jamestown galleries

r, cash bar, viewing

Jamestown galleries

Jamestown Galleries

8:00pm - 8:30pm

Dessert and self-guided tours of Jamestown

Shuttles will return guests back to the DoubleTree at the end of the ceremony



*The Presidential Gala is sponsored by Riverside Health System
Additional support was made possible by Brookdale Senior Living Solutions*

SATURDAY, APRIL 18

8:00am-4:00pm

Meeting Registration

Registration Desk

7:45am-9:00am

CONTINENTAL BREAKFAST

Harrison

CONCURRENT SESSION VII

8:15am-9:00am

Documentary Intensive: (Room 18) 8:15am-9:45am

64. Screening of the film "I Never Told Anyone That, But You": The power of storytelling, along with: Documenting elders' stories

Christy Jensen, PhD, Riverside Center for Excellence in Aging & Lifelong Health; Terry Lee, PhD, Christopher Newport University

Mini-Workshop 1 (Room 16)

65. Injury prevention for seniors through active learning

Pamela Turner, PhD, University of Georgia; Janet Valente, EdD, University of Georgia

Mini-Workshop 2 (Room 17)

66. Retirement and suicide prevention

Cindy Richard, MCC, BSW, Southern Community Services/York County Suicide Prevention

Mini-Workshop 3 (Room 15)

67. Aging and cognition: The undervalued social dimension

Jim Mitchell, PhD, East Carolina University

Mini-Workshop 4 (Room 11)

68. Elders are our superheroes: an art program for elementary students that reinforces positive images of aging and builds awareness across communities

Julie Crowder, Richmond Public Schools; Sara Link, MS, VCU/Senior Connections

Mini-Workshop 5 (Room H)

69. The ten commandments of communicating with the hearing impaired

Mark Krain, PhD, University of Arkansas-Little Rock

CONCURRENT SESSION VIII

9:00am-9:45am

Mini-Workshop 6 (Room 16)

70. Art at the park connecting diverse communities

Gail Sonnesso, MS, GEM Day Services, Inc.; Angelo Sonnesso, MA, MS, GEM Day Services, Inc.

Mini-Workshop 7 (Room 17)

71. Medical underwriting: A factor in long-term care insurance market demand

Joyce W. Morgan, PhD, MBA, Florida Division of Retirement, Tallahassee, FL

Mini-Workshop 8 (Room 15)

72. Effective communication at end-of-life: Steps for a successful family meeting

Marissa Galicia-Castillo, MD, Eastern Virginia Medical School; Deborah Morris, MD, Eastern Virginia Medical School

Mini-Workshop 9 (Room 11)

73. Innovative solutions for age-friendly communities: Utilizing community collaborations and senior volunteers for success

Denise R. Scruggs, CDP, ADC, Beard Center on Aging, Lynchburg College; Cynthia Jones, AAS, Danville Parks & Recreation, Linda Brake, Bedford Ride

Mini-Workshop 10 (Room H)

74. Strategies for embedding AGHE competencies into your current curriculum

Shannon Mathews, PhD, Winston-Salem State University; Pamela Pitman Brown, PhD, CPG

CONCURRENT SESSION IX

9:00am-9:45am

Mini-Workshop 11 (Room 16)

75. National policies affecting family caregivers of persons with Alzheimer's disease: Streetwise strategies for advocacy

Jodi Teitelman, PhD, Virginia Commonwealth University, Department of Occupational Therapy

Mini-Workshop 12 (Room 17)

76. Advance care planning across the lifespan: Exploring the classroom and community context

Kelly Niles-Yokum, PhD, University of La Verne; Donna L. Wagner, PhD, New Mexico State University

Mini-Workshop 13 (Room 18)

77. Successful mobility in two rural Virginia communities

Cynthia Jones, AAS, Danville Parks & Recreation; Linda Brake, Bedford Ride

Mini-Workshop 14 (Room 11)

78. Creating meaning through sensory: Exploring the bird tales process

Jennifer Dilbert, MGS (c), Miami University; Kaitlin Moore, Miami University

Mini-Symposium (Room 18)

79. Communication: Dementia-understanding unmet needs

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

10:30am-12:00pm

**Council of Presidents (COPs)
Closing Session**

Harrison

The Council of Presidents (COPs) is pleased to offer something a little different this year. After days of presentations, workshops, networking, and planning we are usually pretty tired. To change things up we wanted to offer something from the somewhat lighter fare. So at the closing session (10:30, Saturday, April 18th), the COPs is excited to offer a costumed, character portrayal to address aging in Eighteenth Century Virginia. This character portrayal will be performed by an actor from *American Lives*TM. Toward the end of the session we will have time for questions and answers. So, come to be entertained and maybe even pick up some interesting information about growing old in Colonial times.

12:30pm-2:00pm

**Closing:
SGS Board of Directors Meeting**

Room 8



Elder Care Advocacy
of FLORIDA

"Recognizing Florida's Best"

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Executive Director

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ABSTRACTS

POSTER SESSION I

Student Poster 1

Interdisciplinary community outreach for PALETTE (Promoting Art or Life Enrichment through Transgenerational Engagement)

*Sabrina Hise, BA, Virginia Commonwealth University,
hises@vcu.edu*

*Sadie Rubin, MSSW, PALETTE Program,
srubin@palettesprogram.org*

Tracey Gendron, PhD, MSG, Virginia Commonwealth University

With the number of older adults on the rise, the need for young professionals to be exposed to and aware of the implications that aging has on our society is vital.

PALETTE (Promoting Art for Life Enrichment Through Transgenerational Engagement) is an arts-based program that partners interdisciplinary undergraduate and graduate students with older adults to establish meaningful intergenerational relationships. For older adults, engaging in social activities helps to maintain successful aging, both physically and mentally. Younger adults directly see the benefits through working with an older adult partner in the PALETTE program. The program includes 3 seminars, 2 cultural outings, and 5 art courses over 14 weeks. After a successful pilot year in Spring 2014, PALETTE will launch again in Spring 2015 for the second installment of the program. The outcomes to be measured include students' knowledge and attitudes toward older adults, as well as older adults' attitudes toward their own aging. These outcomes will be measured through the use of a pre- and post-test.

Student Poster 2

Preparing for disaster: Lexington, Kentucky's emergency plans for older adults

*Amy M. Schuster, MSW, University of Kentucky Graduate Center for Gerontology,
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mohamed.abofaye@uky.edu*

Compared to the general population, older adults are more susceptible to negative consequences of disaster, including morbidity and mortality (WHO, 2008). Hurricane Katrina illustrated the vulnerability of older adults when emergency preparedness plans failed to take into consideration the special needs of older adults. To address this disparity, governments have reevaluated emergency preparedness plans for older adults. This study examined the emergency preparedness plan of Lexington, KY. The purpose of the study was to ascertain ease of access to assistance during an emergency, individual knowledge of emergency plans, and the comprehensiveness of Lexington's emergency plan. Lexington's plan does not differentiate resources by age or level of need. Lexington has an adequate emergency plan for older adults in long-term care facilities; the plan for the community older adult population is minimal. Many older adults do not have sufficient knowledge of the emergency plan. Lexington's emergency plan includes a special needs registry, but is rarely used by the public. Emergency plans must provide for the special needs of vulnerable older adults including access to special needs shelters. A special needs registry for older adults should require minimal disclosure of personal information and be managed in a secure manner.

Student Poster 3

Tweets and television: Representations of older adult characters in popularly tweeted television shows

*Meagan Jain, B.A., Georgia State University,
Department of Gerontology, mjain1@student.gsu.edu*

Research on media representations of characters 55+ on television shows, movies, and commercials is well-established; yet, largely focuses on traditional methods of television viewing. As the largest consumers of social media, young adults watch television in a variety of ways. This study selected the three most tweeted shows: *The Walking Dead*, *Breaking Bad*, and *American Horror Story: Coven*. The three highest rated episodes of each show were quantitatively and qualitatively analyzed via content analysis. Older characters were identified and analyzed in detail. First, the qualitative analysis involved rich

descriptions of the characters. Second, the quantitative portion of this study measured how the older characters were portrayed using personality traits by Robinson et al. (2007) and Hummert et al. (1994). Findings from both analyses revealed negatively stereotyped depictions of older adults. These findings indicate that older characters are depicted using cultural stereotypes that view aging as a negative experience. This study is important for several reasons: 1) the texts were selected based on newer technology; 2) the results are consistent with past portrayal research; and 3) the mixed method analysis provides an in-depth examination of these portrayals. Results are discussed in terms of cultivation theory and intergenerational contact theory.

Student Poster 4

Understanding adult foster care state by state: Provider experience in North Carolina

*Kelly Munly, MS, Department of Human Development/Virginia Tech, kellyam5@vt.edu
Karen Roberto, PhD, Center for Gerontology/Virginia Tech, kroberto@vt.edu*

Katherine R. Allen, PhD, Department of Human Development/Virginia Tech, kallen@vt.edu

Adult Foster Care (AFC) is a small-setting option for community-based long-term care for vulnerable and older adults. The purpose of this study was to understand North Carolina AFC providers' perspective on and experience of AFC as community-based care, as well as to shed light on issues of state implementation and impacts on foster care contexts and care receivers. We conducted semi-structured interviews with 26 AFC providers. Emergent codes related to issues of provider motivation, personal and professional roles, perspectives on giving residents a choice, efforts to balance family and business, perspective on reciprocal exchange between residents and providers, values, and dialectics of power and care. Findings shed light on AFC providers' perceptions of the AFC system and their relationship to the AFC system, how providers perceive their residents, strategies AFC providers implement to integrate residents into the AFC homes and communities, and how AFC providers recognize, adhere to, or resist existing power relations and constraints in the AFC system. Analysis across findings revealed providers' multiple dimensions of investment and simultaneous and contrasting experiences of gain and loss. Next steps should include interviewing additional AFC stakeholders and examining provider experiences in the context of other state policy contexts.

Student Poster 5

Future care needs and policy perspectives: Interviewing childless lesbians between 50-65 years old

Colleen Bennett, PhD (c), University of Maryland, Baltimore County (UMBC), coll4@umbc.edu

Although there are reasons to suggest that lesbians plan for retirement and long-term care needs differently than other women, there is a lack of research related to childless lesbian older adults compared to their heterosexual counterparts. Reasons that lesbian adults may plan differently for their retirement may include: issues of life-long discrimination and fear of healthcare and related services; unequal treatment in pension plans; and unique durable power of attorney needs and issues of survivorship and inheritance. Similarly, childless older adults plan for their future care needs differently than childless peers; without children to anticipate meeting traditional care and planning roles, childless older adults may seek to foster fictive kin relationships in lieu of traditional child caregivers.

This presentation examines: (1) conscious development of fictive kinships; (2) concerns about future caregiving needs; and (3) financial and legal planning. Data for this poster are drawn from a pilot study of community-dwelling lesbian adults aged 50 to 65 years old. Semi-structured interviews were conducted and tape-recorded, transcribed, coded and analyzed using Atlas.ti software for key themes and meaning related to future and long-term care. This presentation will conclude with a discussion of future policy and program planning for lesbian older adults.

Student Poster 6

The impact of acculturation, social support, religiosity, & spirituality on depression among the older active Filipino in the Hampton Roads area of Virginia.

Kinga Gudor, ABD, Norfolk State University, kingagudor@yahoo.com

The Filipino-American population is the second largest Asian group of all Asian population (US Census, 2010), therefore more research is needed about their adaptation and mental health needs.

The purpose of this study was to investigate the impact of acculturation, social support, religiosity/spirituality, and

activities of daily living on depression after controlling for demographic variables.

The sample size was 200 Filipino immigrants age 65 and older who reside in the Hampton Roads, Virginia. Univariate, bivariate and multiple regression analysis was performed. The results indicated that a majority of the respondents had low depression rates, were receiving social support from family and friends, were highly religious and spiritual, and were independent with their ADLs; A little over half of them were moderately acculturated. Furthermore, the results indicated a strong relationship between depression and acculturation after controlling for other intervening variables. Those who were mostly moderately to highly acculturated indicated less depression. There was also a strong relationship between non-organized religiosity, spirituality, and ability to perform activities of daily living and depression after controlling for all covariates. The findings of this research, its clinical implications, and suggestions for future research were discussed.

Student Poster 7

Daily variations in subjective age: The role of stress and negative affect

Jennifer Bellingtier, MA, North Carolina State University, jabellin@ncsu.edu

Shevaun Neupert, PhD, North Carolina State University, sdneuper@ncsu.edu

A stressful day can make us feel older than our years. Although the feeling is common, little research has examined the relationship between stress and subjective age. Previous research identified two psychosocial moderators of the relationship: positive affect and control. The current study measured older adults' (60-96 years old) stressors and subjective ages over an eight day period. Our goals were twofold. First, we sought to demonstrate that daily fluctuations in stressors affect perceptions of subjective age. Second, we sought to replicate the mediators found in a ten year longitudinal study using MIDUS data, within our daily diary study. Our results confirmed that daily increases in stress in general, as well as health stress in particular, raised individuals' judgments of subjective age. On average, participants felt .98 years older for each stressor they experienced during the day, and 3.89 years older for each daily health stressor. However, we failed to replicate the mediating role of positive affect and control. For our adults, daily increases in stress were linked to rises in negative affect, which fully mediated the impact of stress on subjective

age. Mediators may be time-sensitive, indicating the need for future explorations at the daily level.

Student Poster 8

Comorbidities as risk factor for falls among US older population

Yoshita Paliwal, PhD, Virginia Commonwealth University, paliwaly2@vcu.edu

Patricia W. Slattum, PharmD, PhD, Virginia Commonwealth University, pwslattu@vcu.edu

Scott M. Ratliff, MS, Virginia Commonwealth University, smratliff@vcu.edu

Falls are major health issues among older adults. Many factors contribute to falls including a number of chronic health conditions which may increase the risk of falls by either directly or indirectly restricting physical activities. This study estimates overall prevalence and distribution pattern of falls and evaluates number of comorbidities as risk factors for falls among US older population.

Behavioral Risk Factor Surveillance Survey-2012 data was analyzed using SAS version 9.4. Of the 152541 older people participated in BRFSS 2012 survey, 28.4% had experienced at least one fall during past twelve months. It was found that risk of falling was significantly higher with higher number of comorbidities. Also, risk of falling was higher among females compared to males, among whites compared to other races, among singles compared to married and among older age groups compared to younger age groups. Further research is needed among these people to study multitude of falls and related consequences to maximize the impact of evidence based fall-prevention programs.

Student Poster 9

Factors affecting help-seeking behavior of family caregivers of dementia throughout the pathway to diagnosis: An integrative literature review

Mihee Chung, RN, BSN, University of Virginia School of Nursing, mc2by@virginia.edu

Background: Dementia, especially Alzheimer's disease is a rapidly growing disease among people over 65 years in the US. The projected number of affected population in 2030 will be 63 million. Because it is irreversible, progressive neurodegenerative disease, early detection is crucial to promote the quality of life for both patients and caregivers. However, majority of patients are diagnosed at the late stage of the disease because patient and family

members are not educated regarding the progress of the disease.

Purpose: Perceptions of aging well and the factors that affect help-seeking behavior of caregivers of dementia will be explored.

Methods: Two digitalized search engine, CINAHL and OvidMedline was used with keywords; family caregivers, dementia, health-seeking behavior.

Results and implication: Cultural norms, lack of knowledge, gender, and normalization were factors that affect help-seeking behaviors of caregivers of dementia. To promote the early detection to support the affected population including patients and caregivers, lay public education regarding dementia etiology, symptom and process of disease and available treatment resources is needed.

Student Poster 10

Increasing participation in activities and self-efficacy in long-term care facility residents through a resident-operated store

Hannah Elliott, MBA, MA, University of Nebraska Lincoln, hannahelliott1106@gmail.com

Christopher Kelly, PhD, University of Nebraska Lincoln, cmkelly@unomaha.edu

Self-efficacy may decrease when older adults enter long-term care. It is important for social and emotional wellness that individuals remain engaged in their community. The Sutton Community Home (SCH), a 31-bed skill nursing facility and Hillcrest View (HCV), a 20-bed assisted living facility, in rural Nebraska introduced resident-operated stores in 2013. The purpose of this presentation is to instruct administrators how to create and implement a resident-operated store. Results indicate that SCH nursing home resident participation in activities has increased by 22% from October 2013-October 2014 according to charting in the MDS. An observed increase in participation has occurred in assisted living residents. The cause for increase in self-efficacy appears to be due to residents contributing to a common goal and reaping tangible results. Residents are able to use choose how monies are distributed from sales. Residents also report a sense of community in providing for others when using funds from the store. In addition, the outreach from this project has not been limited to in-house efforts (e.g., during summer 2014, residents donated store money to be sent in to the ALS organization during the "ice bucket challenge"). Residents report great satisfaction in contributing to local and national events.

Student Poster 11

Enhancing relationships between older adults and companion animals: Developing a handbook of services to promote and support beneficial interactions

Deborah Tillman, MA, University of North Carolina-Charlotte, dtillma7@uncc.edu

Companion animals can be sources of social support, emotional connection as well as psychological and physical protection. Due to declines in physical, social and cognitive ability, often associated with aging, there is great potential for older adults to benefit from human-animal interactions. However, for the older adult, these interactions can be problematic, especially if an individual has financial constraints, physical limitations or mental issues. This paper reviews current literature on interactions and relationships between older adults and companion animals. Research and anecdotal evidence that support the claim of benefit to older adults is discussed along with research that counters these claims. The paper outlines principles of effectiveness-based program planning and design as well as exploring existing older adult-companion animal programs and services. A handbook that outlines services targeted to promoting older adult-companion animal interactions was created from this investigation. The accompanying handbook is intended to be used primarily by animal welfare organizations with two intentions. The first is to introduce some of the unique issues of older adults both as owners and participants in human-animal interactions. The second is to incentivize organizations to design services targeted toward older adults who live in their communities.

Student Poster 12

Developing case studies to teach ethics in gerontology

Lacy Will, MSG, VCU Department of Gerontology, lwill@humana.com

Currently, students in the Department of Gerontology at VCU study ethics in relation to healthcare professions; however, there is not an overabundance of cases specifically geared towards the field of gerontology. The lack of case studies specific to gerontologists is important because the more relevant the situations are to students' future profession, the more motivating they are for students to engage in. The purpose of this practicum is to conduct interviews with professionals in the field of

gerontology in relation to ethical dilemmas they have faced in their careers to create case studies that demonstrate various aspects and challenges associated with working with the older population. The complex issues are analyzed using Purtilo's (2011) 6-step process of ethical decision-making, highlighting the various ethical principles involved in ethical decision-making and methods used for resolution of the ethical dilemmas. This work provides more cases that can be used as hypothetical scenarios to stimulate class discussion and allow future gerontology students an opportunity to explore and analyze situations relative to their studies.

Student Poster 13

The feasibility of conducting LGBT-specific cultural competency training in assisted living facilities

*James Moorhead, Jr., BA, Georgia State University,
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Chivon Mingo, PhD, Georgia State University,
cmingo2@gsu.edu*

The forecasted growth of minority older adult subpopulations within the U.S., including those who identify as lesbian, gay, bisexual, and transgender (LGBT), presents unique challenges to existing forms of long-term care (LTC). This study explored the feasibility of conducting LGBT-specific cultural competency training (CCT) in assisted living facilities (ALFs) by focusing on the acceptability, implementation, and limited-efficacy testing of the training curriculum. A convenience sample of staff members from three ALFs located in the Atlanta metropolitan area participated in a one-hour training session. A pre-posttest questionnaire measured participants' changes in levels of cultural competency and reactions to the intervention. Observational data was also collected about how decisions were made within each ALF to implement the training sessions. Findings indicate that the sampled ALFs are aware of their inefficiencies to address the needs of LGBT clients. Administrators were more likely to identify ways to implement the training if they could justify the expense of staff time. While little change was observed in participants' levels of cultural competency due to the small sample size and dosage, the training curriculum was highly rated overall. More research is needed to explore the effectiveness of LGBT-specific CCT programs targeting LTC, especially in the American South.

Student Poster 14

What will they do? Where will they go? An assessment of needs and desires of residents 50+ in a college town

*Sherry R. Lind, RA, Scripps Gerontology Center,
Miami University, lindsr@MiamiOh.edu*

Trends in housing research find that many elders and their communities support "aging in place." However, little is known about the challenge and opportunity of maintaining a vibrant and diverse multi-generational community by retaining as well as attracting older residents. The purpose of this study was to identify the needs and desires of residents 50+ to age in place in a mid-sized college town. Questionnaires were mailed to a random sample of 700 individuals obtained from voter registrations lists to persons aged 50+. A response rate of 364 (56.5%) was achieved. Of those, 55% were 65 and older; 59% were women, and 72% were married. Primary needs for aging in place were defined as: home health care services (76%), senior center transportation (76%), adult day care services (72%) and home delivered meals (72%). While most want to stay in their homes, 62% would consider moving nearby. Easier home maintenance, declining health and desire to live in a smaller home, were primary reasons to move. Sixty-four percent desire to live in an age-integrated community where they have opportunities for interaction with multiple generations. This study can be an example to other similar municipalities as they make long term plans for a future with declining student population and growing aging one.

POSTER SESSION II

Professional Poster 1

A nurse initiative to improve oral hygiene among older veterans

*Andrea Jennings, PhD, Louis Stokes Department of Veterans Affairs Medical Center,
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Dawn Robinson, MSN, Louis Stokes Department of Veterans Affairs Medical Center,
dawn.robinson@va.gov
Diane Pulphus, MSN, Louis Stokes Department of Veterans Affairs Medical Center,
diane.pulphus@va.gov*

Poor oral hygiene can be detrimental to the oral health status of older Veterans in VA long term settings. Nurses as caregivers must recognize the oral health needs of the older Veterans. This pilot program focuses on the following three aims: 1) To assess current oral hygiene regimens and the barriers associated with performing oral hygiene among older Veterans in long term care. 2) To assess knowledge and barriers that nurses have in relation to providing oral care to older Veterans in long term care, and 3) To determine the effectiveness of a nurse initiated Dental Hygiene Care Plan. Preliminary results from the survey in the first aim illustrated that the participants (N=50) noted the following difficulties with daily oral care: 20% reported having bleeding gums/sore gums, 16% stated that sometimes they forget to brush their teeth, 12% reported that it was hard to brush their back teeth, 10% felt that flossing causes bleeding gums, 10% have not visited a dentist in a while, 8% experienced dry mouth, and 4% had pain upon brushing. The results thus far reveal that oral hygiene care among older Veterans needs improvement. Further assessment of how older Veterans are managing their oral health care regimens is warranted.

Professional Poster 2

Preliminary results of the Extension Wellness Ambassador Program pilot

Lisa Washburn, DrPH, University of Arkansas Division of Agriculture, Cooperative Extension Service, lwashburn@uaex.edu

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Lay leaders have been used effectively in health promotion programs for decades. Extension has engaged volunteers to deliver programs to improve quality of life throughout its history. Despite need for community-based approaches to improve health, few volunteer-driven Extension programs have been implemented specifically targeting community health. The aim of the Extension Wellness Ambassador Program (EWAP) is to engage community members to use their knowledge in service to help others live healthier lives. EWAP is a master

volunteer program providing 40 hours of training in nutrition, physical activity, health behavior change strategies, mental and emotional health, and needs assessment. Together with the county Extension agent and other Ambassadors, trainees identify and plan health-focused project(s) to implement as they return 40 hours of volunteer service. The program was piloted in 15 counties in 2013-2014. Sixty program graduates have reached more than 2,300 Arkansans with nearly 300 educational sessions. Program results include significant improvement in Extension Wellness Ambassador's personal health and fitness, increased confidence to make healthy choices, and increased physical activity levels. This project was supported by the Rural Health and Safety Education Competitive Grants Program of the USDA National Institute of Food and Agriculture (NIFA), grant number 2013-46100-21466.

Professional Poster 3

Older adult's perceptions of adolescent-aged people participating in ASSIST: An intergenerational faith-based service program

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Generational gaps between older adults and adolescents hinder the potential benefits from intergenerational interaction. Facilitating interaction between older adults and adolescents within social programs does result in positive benefits. The Academy Student Service Initiative Stipend for Tuition Program (ASSIST) is a faith-based program that intentionally brings older adults and adolescents together to provide companionship and light housework for older adults and tuition assistance for adolescents. Tuition assistance is made possible through donations from a generous benefactor and a percentage of matching funds from academies. This qualitative study explored how the older adult's views changed regarding adolescent-aged people who also participate in the ASSIST program. ASSIST services were offered to older adults living at home, in assisted living facilities, or in nursing home settings. Grounded theory with constant comparative method was used to analyze data from a semi-structure interview guide consisting of questions on how the older adult's views have changed regarding adolescent-aged people. Interaction was rated with the following themes emerging: already positive, no change, and definite views have changed. Providing intergenerational opportunities was perceived to be

positive by older adults and is a promising possibility for enhancing relationships between older adults and adolescents.

Professional Poster 4

Use of complementary and alternative medicine for arthritis by older women

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April Tallant, PhD

Women with arthritis may use CAM, because conventional medicine alone offers limited relief. Little is known about CAM use for arthritis by older women. To examine reasons for CAM use among older, arthritic women using data from the 2012 National Health Interview Survey (NHIS). Using the NHIS 2012 CAM supplement, we examined specific reasons why women ages 50+ said they used CAM for arthritis. Descriptive and logistic analyses accounted for the survey design, and were weighted for national representativeness. Participants who said they had arthritis represented about 26 million women ages 50+. In adjusted results, women with arthritis were more likely to say they used CAM specifically for their arthritis if it was felt that the CAM therapy combined with conventional medical treatment would help.

Professional Poster 5

"How is Engaging the Aging" a two-way street between college students and assisted living facility residents?

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Previously, we reported on students' perceptions of the elderly after participating in a service-learning project, Engaging the Aging and this year our focus will also consider the benefits for the residents. For students, we evaluate whether participating in Engaging the Aging changes their perceptions of their own and others' aging. Additionally, we measure if the project makes any difference in consideration of gerontology as a career. Previously, we found that students' perceptions of aging changed to be more positive and realistic after the SLP and more students considered a gerontology career. We will be collecting the same data from the students and will complete comparative analyses with last year's results

and additional analyses of measures not previously reported on. Additionally, the students will complete interviews with the residents who participated in the SLP. They will also fill out some of the same questionnaires as the students (who say how they would answer the survey if they were 70) and the results will be compared (i.e., how much does perception match reality and does that change from beginning to end of the quarter). This presentation will include both quantitative and qualitative analyses of students' and residents' experiences with the SLP.

Professional Poster 6

Saving the elderly: Preventing abuse in later life

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In recent years there has been a gradual increase in concern about the abuse and neglect of elderly people. Elder abuse is not a new phenomenon; however, research conducted to date has been insufficient to determine the scope of elder abuse. Understanding how many elders have been harmed or are currently being hurt is critical to practitioners and funders who are designing services and interventions. This study examined ecological risk factors and their relationship to the prevalence (extent of elder abuse) and incidence (rate of occurrence) of domestic abuse in later life. The sample consisted of 100 older adults (age 65 and older) from various community senior citizen agencies. The study was qualitative and explorative in nature. The study examined the ecological risk factors and their relationship to the prevalence (extent of elder abuse) and incidence (rate of occurrence) of domestic abuse in later life. Results from the study were shared with administrators of various senior citizen service providers; agencies regarding designing elder abuse prevention and intervention services. The results also have been used as baseline data to seek funding for elder abuse grants.

Professional Poster 7

Catch a Glimpse of Me: Development of person-centered care/ legacy videos through collaboration of resident, family member, and staff member focus groups

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Catch a Glimpse of Me was designed to create a model of an innovative person-centered care legacy video of an older adult living in a CCRC. Six focus groups consisting of residents, family members and staff members were conducted in the data gathering process. The primary and long-term goal of this project was to create a model video that is both meaningful to residents and family members/loved ones, and helpful for long-term care staff members who provide care for them; a video that captures the essence of an individual; their voice, facial expressions, wants, needs, preferences, life experiences, accomplishments, likes and dislikes. The secondary goal of this project was to give older adults, family members, and staff members the opportunity to tell us from their perspective, what they would consider to be important and meaningful information to include in this type of video. Through the collaboration of feedback from the focus groups, common themes were discovered, interview questions were developed, and a product was created that we believe is appealing to the 3 groups of stakeholders.

Professional Poster 8

CATCH Healthy Habits: An examination of a university community partnership implementing an intergenerational program for improving physical health and activity

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Successful university and community partnerships build evidenced based practice into a direct service environment through effective outreach, training and coordination of efforts. The national OASIS CATCH Healthy Habits program in Richmond, Virginia is a local partnership led and implemented by Senior Connections, The Capital Area Agency on Aging and Virginia

Commonwealth University Department of Gerontology. This unique intergenerational program overcomes barriers contributing to obesity by instilling lifelong healthy eating and active living habits among children and adults, targeting those from under-resourced communities. Trained adult volunteers, age 50-plus, teach children in grades K-5 ways to adopt a healthy diet and become physically active through a series of hourly sessions facilitated in after-school and summer camp settings. Sessions are comprised of hands-on nutrition lessons, nutritious snacks, and fun, team-based games designed to improve cardiovascular health. This program builds on a national model of OASIS, active in over 23 cities across the U.S. Richmond is the only city in the Commonwealth with this program.

Professional Poster 9

Satisfaction in a small unit nursing home compared to a traditional skilled nursing facility

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Nursing facilities are experimenting with new structures of care including small unit nursing homes with specific environmental qualities such as the Greenhouse model. The purpose of this study was to evaluate results of satisfaction surveys of residents after their transition to a small unit nursing home. Using t-test analyses, a comparison of satisfaction aggregate scores revealed statistically significant differences in the satisfaction results when comparing residents and family members in the small unit nursing home to the traditional nursing facility for 2013 and when compared to residents to the traditional nursing facility prior to the move. Family member satisfaction in the small unit nursing home in 2013 was statistically equivalent to family member satisfaction in the traditional nursing facility as a whole in 2012. Comparison of the satisfaction of nursing staff of the traditional nursing facility to that of the small unit nursing home in 2013 was statistically equivalent. Findings from this study suggest that satisfaction is greater in small unit nursing homes than in traditional facilities and the results have implications for the evaluation of innovative service

interventions with residents, family and staff engaged in skilled nursing care.

Professional Poster 10

It's complicated: Examining ageism and age discrimination in "The Office"

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The fourth season of this popular sitcom includes 2 thirty minute episodes explicitly revolving around the topic of age discrimination in the workplace. When Michael Scott's younger and former employee, Ryan, comes from the central office to introduce new technology for the company, Michael learns about ageism and tries to use this new information to undermine Ryan. Age, competence, and technology interact to provide examples of stereotypes, patronizing speech, and convergence toward a younger persona. From the phrase, "he's 87 years young" to the consistent use of "still" in his statements, Michael makes his underlying beliefs about aging and the value of older adulthood very clear. Even as he shows "successful" examples of older adults, including inviting the co-founder of the company to the district office, Michael reinforces negative beliefs about the competence of older adults in business. This detailed textual analysis adds to the literature on the portrayals of older adults by examining explicit conversation about ageism and age discrimination in a fictional depiction.

Professional Poster 11

Operationalizing a person-centered care academic mission through strategic marketing and community engagement efforts

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Institutions of higher education are increasingly required to secure outside funding, recruit additional students and engage in translational university-community partnerships. It is imperative that a hierarchy of missions, from the University to the academic unit and even the community partner, are propelled in a succinct, digestible and even transformative manner. This poster presentation will offer suggestions and Best Practices for managing the integration and distillation of multiple missions, all within a Person-Centered framework. Topics of focus will include

print publications, electronic newsletters, viral marketing and social media.

Professional Poster 12

AgeWave Readiness: An academic model for integrating classroom and community in Age Wave Planning

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With some 80,000,000 Baby Boomers starting to turn 65 in 2011, communities across the United States will need to mobilize to capitalize on the opportunities and meet the challenges of our aging population. In partnership with Senior Connections, the Capital Area Agency on Aging, the VCU Department of Gerontology is connecting Gerontological scholarship with community evaluation, engagement and education efforts. Operationalizing AgeWave Readiness is a 3-credit, graduate level class first offered in the Summer semester, 2014 and offered again in the Spring of 2015. This poster presentation will offer Best Practices for integration of evidence-based scholarship and community engagement in a student-led community canvassing project as well as suggested university-community partnerships and a template for community canvassing.

Professional Poster 13

A tweet can speak volumes: Fight a war, see the world, get a PhD, play sports, raise a family, jam to Herbie Hancock, and enjoy life - #vcuseniormentoring

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The Senior Mentoring Program with Older Adults is an Interprofessional Education Program at Virginia Commonwealth University for first year medical students, pharmacy, nursing, and social work students. The purpose of the program is to prepare healthcare students to engage in collaborative, inter-professional dialogue while concurrently learning from older adults living in the community. The Senior Mentoring Program pairs groups of students with an older adult with whom they meet four times during the academic year in order to explore topics such as function, aging and health, life space and quality of life. Following the visits, students create a 140 character "tweet" to post that is based on the learning they gained from their mentor visit. A content analysis of 238 student tweets was conducted and revealed expressions of self-reflection and emotion, including surprise and delight at the levels of self-assessed life satisfaction by senior mentors despite disabilities and functional limitations. Analysis of the tweets demonstrated that the student learning was embedded with gerontological theory such as, selective optimization with compensation, continuity theory and the positivity effect. Students also indicated that exposure to their senior mentor helped them to reflect on their own aging with greater positive anticipation.

Professional Poster 14

Aerobic exercise, quality of life, and instrumental activities of daily living in older adults

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Objective: The goal of the present study was to investigate the relationship between aerobic exercise, such as playing table tennis, quality of life, and instrumental activities of daily living in older adults, since research indicates that exercise is associated with improved cognitive functioning and better mental and physical health in older adults.

Method: Participants of the study included 26 older adults from the Hampton Roads community between the ages of 72 and 96 ($M = 81.85$, $SD = 6.88$), who completed a survey of health concerns, instrumental activities of daily living, quality of life, and cognitive function.

Results: Results of the study indicate that there is a moderate positive correlation between current frequency of playing table tennis and overall quality of life, Pearson $r(16) = .47$. Results also revealed a moderate negative correlation between frequency of playing table tennis and a number of problems in instrumental activities of daily living, Pearson $r(16) = -.46$.

Conclusions: Overall, older adults who play table tennis on a regular basis reported better quality of life and less concerns with demands of daily living. Clinical implications of these findings will be further discussed in this poster presentation.

Professional Poster 15

Innovative community based programs for people with moderate cognitive impairment

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This experiment was performed to investigate the factors that could positively influence cognitive stimulation, verbal fluency, social engagement, and mental recall in people with a moderate degree of dementia. A measurement instrument was developed and a pre-test post-test was compared to determine the variance. The participants in the experiment had Mini-Mental Scores ranging from 18 to 25. Intervention: The participants attended a 3 hour, bi-weekly class that was designed to enhance cognition and offer mental stimulation in a social setting. The core components of the program incorporated physical, mental and social elements. The components were designed to be meaningful and create a sense of usefulness, accomplishment, and self-confidence. The findings: All but one participant showed improvement in the areas of socialization, verbal fluency, memorization and mobility. On average the participants showed improvement on 2.4 of the 7 initial pre-test questions. The findings indicate sufficient promise and warrants additional field study. Conclusion: Growing research indicates there are steps

we can take to promote and sustain cognitive abilities; while enhance well-being in persons with dementia. The above interventions can foster a pathway to active aging, improving quality of life, and helping to maintain independent living longer.

Professional Poster 16

Microaggression and gerontophobia: The not-so-subtle ageism in our society

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Ageism, or discrimination based on age, is the most prevalent and widely accepted form of discrimination internationally. Evidence of ageism can be found on a macro level (e.g., anti-aging beauty campaigns) as well as on a micro level (e.g. everyday language incorporating subtle expressions of contempt and derogatory remarks about aging and older people). An "ageist microaggression" consists of an everyday joke, or demeaning message about aging used by often well-intentioned people who are unaware of the hidden messages being perpetuated. Gerontophobia, or fear of aging, and aging anxiety are perpetuated by ageist stereotypes that lead to fear of our own aging. Most troubling: Ageism is contagious. While, ageist micro aggressions are widely accepted and normative for most cultures, including our professional culture of gerontology, research literature clearly points to negative health outcomes among elders who experience ageism. Examples of ageist microaggressions and gerontophobia can be found within the public presentations, print, and educational content from within our own discipline. This presentation will describe how we, professionals in aging careers, can start the movement to raise awareness and turn the tides of the phenomenon of ageist micro aggressions with examples from our own work as we have pursued efforts to balance and normalize our representations of aging in our messaging.

Professional Poster 17

Barriers and facilitators to completing an advance care plan among older adults in western North Carolina

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Given that relatively few older adults have an advance care plan (ACP), we examined facilitators and barriers to having an ACP. During spring 2013, we surveyed active outpatients of a family medicine clinic who were aged 65 years and took prescription medications. We identified 892 potentially eligible participants with the clinic's electronic medical records and randomly selected 139 patients to request study participation. With a telephone survey, we asked those with an ACP the facilitators and those without an ACP the barriers to having one. Of the 53 participants, 31 had an ACP and 12 did not. Of those with an ACP, the most common facilitators were: (1) belief an ACP is important (100%), (2) strong end-of-life care preferences (93.6%), and (3) a priority for comfort at end-of-life (93.6%). Of those without an ACP, the most common barriers were: (1) belief that God is in control (66.7%), (2) trust in loved ones to make the right choice (58.4%), and (3) desire that all be done if any chance of recovery exists (50.0%). These findings can inform outreach efforts to families and the church community as well as health care provider training regarding the benefits of having an ACP.

Professional Poster 18

Goals of care, dementia, and the nursing home setting

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Dementia affects 5 million Americans; 67% die in nursing homes (NH). Prior studies demonstrate lack of communication with family causes poor quality end-of-life care for NH residents with dementia. No intervention has improved frequency or quality of this essential communication. This study tests an intervention to improve Goals of Care communication for family decision-makers of residents with advanced dementia. The intervention consists of 1) a video decision aid describing treatment guided by three major Goals of Care: prolonging life, supporting function, or improving comfort and 2) a

Goals of Care discussion between the family decision-maker and NH staff. The clinical trial enrolled 302 resident-family dyads. All n= 151 family decision makers in the intervention arm viewed the video decision aid, and 136(90%) participated in a Goals of Care discussion. In 129(95%) discussions, a Goal of Care choice was made and in 132(97%), treatment decisions were discussed. Nursing home staff training, coaching, and guidance from the study team was essential for intervention completion. Goals of Care discussions are rare for NH residents with advanced dementia; however, the approaches used in this research provide strategies that increase the frequency of Goals of Care communication for advanced dementia.

Professional Poster 19

Arts Fusion: The power of creativity in dementia care

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This poster highlights the structure and benefits of Arts Fusion, an innovative creative arts program for persons with dementia organized by the Alzheimer's Association of Central and Western Virginia. Recognized as a 2014 Best Practices Program by the Virginia Department for Aging, Arts Fusion (AF) creates an environment through the arts that promotes creative expression and meaningful engagement for persons with dementia and provides a way for caregivers to reduce stress and reestablish connections with their loved ones. AF builds on the success of similar programs, such as Meet Me at MoMA, and relies on multisensory creative experiences to enhance the quality of life of persons with dementia and caregivers. Program activities include art sessions organized by teams of regional specialists for community members living at home and for memory care facility residents, integrating various art forms including visual art, music, dance, poetry, storytelling, and massage. AF has shown significant results, serving over 10,000 persons with dementia and over 600 family caregivers in less than three years. The program reaches participants in urban and rural locations throughout central and western Virginia.

Professional Poster 20

Caring across borders: The stresses of immigrant men

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Many immigrant men come to the United States, leaving aging parents in their home country. These men often face familial obligations that stress their role of maintaining care for their parents. Participants were 15 first generation immigrant men from collectivistic societies. In-depth interviews were used to explore participants' descriptions of cultural expectations and stresses associated with such obligations. An inductive approach to data analysis was employed which resulted in the identification of multiple themes: Obligation to Support as Top Priority, Great Expectations to Succeed, Support and Intimacy Regardless of Geographical Proximity, They're Unreliable-They're Greedy and I'd Be Lost Without Them. These findings demonstrate that immigrant men feel pressure to be successful and face expectations to provide for their parents. In addition the findings are that they are able to provide support through geographical distance, and that they rely heavily on advanced technologies to assist them in the process.

Professional Poster 21

Project Prisms: Intergenerational mentoring of rural children by seniors & college students

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Only 1% of fourth graders scored the highest on the 2009 Nation's Report Card; less than 50% were considered proficient; the remainder exhibited minimal science knowledge. Intergenerational mentoring results in a host of benefits, however only a handful of studies have utilized three generations; none as described here. Project Pairing Retirees Intergenerationally with Students in Math and Science (PRISMS) recruited two rural elementary schools that might benefit from the mentoring in science and math. Fourth graders (n = 123), 50% African American, attended an off-site discovery museum and worked with their senior mentors and college students for six weeks. They were tutored on lessons tailored towards science and math concepts deemed essential on the state standardized LEAP exams. Child scores on the Interest in Science Scale were significantly increased from pre- to post-discovery experiences. One of the schools which had been historically lower scoring in LEAP scores evidenced an average increase in LEAP Science and Math scores well over 2 standard deviations from pre- to post-PRISMS project experience. The pre-service K-12 college students were able to gain practical experience by preparing lessons, the elders learned technology from the students.

Senior mentors encouraged students to undertake science in the future.

Professional Poster 22

Technological innovation & quality of life for older adults: Are we asking the right questions?

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What should gerontologists do as technological advancement creates stunning new opportunities for improving quality of life for older persons? Will it soon become necessary for all to become tech-savvy and continuously engage in new learning in order to remain self-sufficient? Will elders accept and adapt to technology which requires family assistance or specialized tech support? Might limited access or non-acceptance of technology put some elders at risk? If so, how do we teach or motivate older adults to embrace the learning of new technologies as part of the normal instrumental tasks of daily living? How do we help people make informed decisions about tech adoption? This presentation considers how gerontologists can contribute to addressing the above challenges as society attempts to keep pace with technology and plan for the future. The discussion will employ multidisciplinary literature, including concepts re lifelong learning, digital literacy, user-centric design, gerontological literacy and attitude/behavior change strategies to suggest how we can develop programs to help older adults use technology, with focus on accessing Internet-based resources in daily life.

Professional Poster 23

Get Off Your Rocker: Program solutions for positive aging

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Academic research is replete with studies noting the increased mental health and wellness outcomes for older

adults who maintain social connections and engage in active health maintenance activities. Significantly, older adults have one of the highest rates of suicide of any age group. However, this risk is significantly reduced for socially active seniors, and further reduced for those who participate in wellness group activities. An innovative service program, the Congregational Social Work Education Initiative (CSWEI), provides an array of social work services to older adults for the purpose of enhancing their unique behavioral health, psycho-social, and educational needs. CSWEI is an interdisciplinary joint program model, in partnership with the Congregational Nurse Program (CNP). Together, CSWEI and CNP have developed a series of comprehensive health activities, which address many of the specific health issues that put older adults at high risk, including weekly chair exercise groups, yoga groups, and educational classes on health and mental health needs for the elderly. All of these activities serve to promote health, while providing a venue for older adults to increase their social connectedness. Fostering trust, these interactions increase the likelihood that participants will access other needed services, such as therapy.

Professional Poster 24

Keys to embracing aging

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Aging is an inevitable and unavoidable process that affects everyone uniquely. Yet lifestyle decisions across the lifespan greatly impact the aging process. Because many lifestyle behaviors and choices are integrated, there is a strong association between healthy lifestyles, prevention and longevity. No one knows this better than centenarians. Keys to Embracing Aging is a dual-state Cooperative Extension program that drew its content from centenarian studies to create a healthy aging program that can be embraced by all ages across the lifespan. The program demonstrates that life does not diminish with aging, but that old age, in fact, can be a positive, joyful and exciting experience. Taught in the community by County Extension Educators as non-credit educational classes, Keys to Embracing Aging engineers a positive approach to the aging process as it highlights 12 practices aimed at helping participants grow old gracefully, successfully, and with increased longevity.

Professional Poster 25

Supporting aging military caregivers

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The 2014 RAND publication, "Hidden Heroes: America's Military Caregivers", shone a spotlight on the 5.5 million individuals who care for wounded, ill and injured military personnel and veterans. Of the 1.1 million who care for post 9/11 veterans, a full 25% are parents. At a time in their lives when they are looking forward to retirement and their "golden years", many are thrust into a caregiving role they never envisioned when their child was called into service. The issues and challenges of caring for someone with post-traumatic stress disorder, a traumatic brain injury, and/or physical disability put these caregivers at an increased risk of negative consequences, including depression at a rate 4 times higher than the general population, increased morbidity and mortality, and decreased satisfaction with life. The Rosalynn Carter Institute's response to meeting the needs of these military caregivers is Operation Family Caregiver, an evidence-based, free and confidential program that provides one-on-one tailored support.

Professional Poster 26

Continuing education for the urban versus rural direct care workforce

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The Department of Gerontology at Virginia Commonwealth University is responsible for training direct care staff from licensed Assisted Living Facilities (ALF's) and Adult Day Centers (ADC's) throughout the state of Virginia. Direct care staff directly and critically impacts the health outcomes of the older adults they serve. From 2006- 2011, over 7,000 direct care staff employed in ALF's and ADC's attended statewide training sessions focused on building core competencies for working with

older adults. These training events pulled direct care workers from both rural and urban areas throughout the state of Virginia. This poster presents the results on program efficacy and impact with regard to training topic and location (urban vs. rural). Future directions for curriculum revision based on the impact of training for rural and urban direct care workers will be presented.

Professional Poster 27

Cultural lag, medical advances and normative readjustments

Jeff Broooks, PhD, MSW, Fayetteville State University, jdbphd8@gmail.com

First came CPR, then came DNR, Hospice, and Living Wills. This presentation shows Ogburn's classic theory helps understand both acceptance of end of life emerging and the need of policy advocates to take action because political polarization delays progress. Three examples adjustments to improvements that evolved in end of life care are provided. Each of these is a specific social movement with two from the medical profession and a third by senior citizens that have broken through the denial of death and strive to promote death with dignity. Insights from these movements are summarized including specific enhancements to CPR. Suggestions for policy enhancements and future research are listed. Additional resources will be provided for participants during this poster presentation.

Session Abstracts

PRESIDENTIAL SYMPOSIUM

Convoys of Care in Assisted Living: From Theory to Practice

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Assisted living (AL) residents are growing older and frailer, which alters demand for informal care and external care workers (e.g. hospice). Yet, research has not addressed the escalating complexity of care arrangements. Drawing on data from a 5-year NIA-funded study (R01AG044368-01A1) guided by the "Convoys of Care" model – originally conceived developed for and presented at SGS in 2011, we examine how informal care is experienced, negotiated, and organized over time by key stakeholders and identify factors influencing informal care and collaboration with formal care workers. The study uses grounded theory and qualitative methods to follow 50 residents and their care convoys in 8 diverse AL settings. Findings from the first 25 convoys in 4 settings show variability in care arrangements and the influence of resident and caregiver factors (e.g., age, health), care convoy properties (e.g., size, composition), facility factors (e.g., ownership), and community and regulatory contexts. Findings have implications for creating care partnerships that lead to positive resident and caregiver outcomes. The purpose of this symposium is to provide an overview of the study through a presentation of its theoretical framework, methodological challenges, emergent findings, and implications for practice. Theory Building and the Convoys of Care Model: This paper provides an overview the Convoys of Care model which originally presented at SGS in 2011. It discusses how the model informs and guides the study's purpose and design. Methodological Challenges: Conducting Longitudinal Qualitative Research in AL. This paper addresses the methodological challenges of following convoys of time, especially given complex care arrangements and other demands in convoy members' lives. Particular emphasis is paid to reflexivity, maintaining contact with study participants, density of data, and variability in timing across convoys. Patterns of Care: The Structure and Function of Care Convoys. This paper describes the properties and activities of the first twenty five convoys. It illustrates the diversity and complexity of care arrangements, particularly how they change over time in response to resident, caregiver, and facility transitions. Implications for practice: Strategies for Strengthening Care partnerships. This paper considers how our findings can be used to create collaborative care partnerships. It uses case examples to illustrate the need for policy, practice and communication supports to improve partnerships and extend aging in place for residents in AL.

SYMPOSIUM, PAPERS, WORKSHOPS

1. Predictors of grandparents' caregiver style among Caucasian, African-American, & Hispanic-American caregivers

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Many grandparent caregivers find joy and meaning in their roles, but many also face increased risk of psychological and health problems. Based on the increasing need for this type of caregiving, the difficulties of caregiving, and the diversity of people impacted, it is vital to identify what personal and cultural factors influence the grandparents' caregiving styles in order to optimize outcomes for both grandparents and grandchildren. Research indicates that, like parenting style, there are ethnic differences in the grandparent caregiving style. African-Americans are more likely to endorse physical/emotional control and authoritarian/structured styles than Caucasians. Caucasians were more likely to endorse authoritative/WR and anger caregiving styles than African-Americans. We examine the personal and cultural predictors of grandparents' caregiving styles, including appraisal variables, by using a sample of 306 grandparents caring for grandchildren. Results indicate that African American grandparent caregivers endorse physical/emotional control and authoritarian-structured caregiving styles than Caucasian caregivers. In the grandparent sample, (1) satisfaction was positively related to endorsement of authoritative/WR and supportive/obligatory caregiving styles; (2) caregiver burden was negatively related to authoritative/person-centered style; and (3) caregiver mastery was positively related to supportive/obligatory style. The results of study indicate ethnicity and cultural context are important when working with grandparent caregivers.

2. "I knew what to expect..." Reflections on knowledge of aging versus personal experiences of female gerontologists

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Numerous articles and conference presentations have shown how aging adults construct the concept of personal aging through differences in self-perceptions and subjective age identification. However, a paucity of information is available on personal aging experiences from a biographical aging perspective, particularly with professionals and academics in the field of gerontology. As academics, we teach aging as a female through textbook experiences of aging females' possible life experiences such as being a member of the sandwich generation, role changes, intergenerational relationships, caregiving, biological changes, psychological changes, and often present the information from a detached reality rarely incorporating our own personal struggles or experiences, in order to maintain a professional demeanor. As professionals, we are to present ourselves as successful models of aging or at the very least present ourselves within culturally normative standards of aging. This presentation discusses how a group of female gerontologists reflected upon by what means their profession informed their personal aging, emphasizing how the gendered-lens continues to play a role in women's aging processes.

3. Legal issues in grandparenting: Does it have to be all or nothing?

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Many grandparents are involved with their grandchildren through normative role expectations. However, there are also many grandparents who are also the primary caregiver/custodian for their grandchild/grandchildren. Some studies indicate that over half of grandparents are working within informal or private care parameters (non-court intervention) with the biological parents. Additionally, many of those with informal/private arrangements opted for this intervention method in lieu of state agency

intervention. Often this causes difficulty obtaining medical care, school records, and other daily care options. Many navigate the system with limited legal documentation, living in fear that something will happen where they cannot see to the immediate needs of the children. However, many grandparents may fall into a gray area where they are caring for the grandchildren for short periods of time, such as while on vacation, while parent is in school, or at work. What protections are offered for those who find themselves in these informal care situations, and without legal custody? Must it be all or nothing in a legal domain? This session will briefly address the necessary legal documents and protections for both the grandparents and the grandchildren in light of a medical emergency in most states. A brief discussion on how legal/policy may need to offer more fluidity towards previous rigidity when working within family structures will be included.

4. Challenges to continuities in music community identification: The case of aging Deadheads

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The community surrounding the Grateful Dead, a US rock band that had played together for 30 years when its lead guitarist, Jerry Garcia, died in 1995, still persists though its members have aged. For many Deadheads, membership in this community has been a major component of their identity and following the band from place-to-place had provided structure and meaning to their everyday lives. Many older Deadheads continue to participate not only via online, recorded, and print media, but also by attending performances of related bands.

Framed by theories of successful aging, this paper addresses the challenges and opportunities aging poses for continued participation in the Deadhead community and maintenance of Deadhead identity. The ways in which goodness of fit between older Deadheads and the Deadhead community has been improved through changes in participation with age and by recent changes to the show environment are discussed.

The data on aging Deadheads were collected as part of the multi-method Deadhead Community project, 1987-present. Although this project was not designed to examine the effects of aging, sufficient information is included in these data to allow for preliminary analysis and consideration of the challenges to continuity in music community identity.

5. Emergency preparedness coursework in health & LTC administration programs: Survey results & future directions

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The need for emergency preparedness training for health care administration professionals has increased significantly in the wake of a plethora of weather and man-made disasters throughout the United States that disrupted the continuity of health care organizations' operations. Recognizing the importance of this issue, CMS introduced new proposed emergency preparedness requirements in 2013 requiring an all-hazards approach to emergency planning, and expanded training and testing requirements for acute care, home and community-based services and long-term care facilities. A survey of health administration and long-term care administration programs was conducted in the Spring of 2014 to collect information on the extent to which graduate and undergraduate health care management and long-term care administration programs offer coursework and/or instruction about the healthcare executive's role in emergency preparedness. Initial findings from the study indicate that the average number of hours of coursework dedicated to emergency preparedness has not changed significantly since 2004. Items such as faculty perception of the importance of emergency preparedness training, faculty training in emergency preparedness, program accreditation requirements, and location of a program in a College of Health or Public Health emerged as key factors affecting a program's decision to incorporate emergency preparedness training in their administration courses.

6. Rural communities & emergency preparedness

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The rural aging experience is one that presents numerous challenges to emergency preparedness planners. This presentation will feature preliminary research on and work done with county emergency services in the small rural towns in and around the foothills region of North Carolina.

Issues addressed and discussed in this session will include: transportation (medical and non-medical), food distribution insufficiency and/or malnutrition, absence (or poor representation) of elder-care and/or support services in remote regions, county budget challenges, support and dependency ratios, migration patterns, and overall concerns about the demographic shifts that will continue to tax the resources of the rural areas. Mr. Ferguson will also discuss the issues presented to the local area public health, law enforcement, and social services departments, including the lack of training of staff in elder care response.

7. Arts Fusion: The power of creativity in dementia care (ADRD Track)

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This proposal is for a workshop entitled Arts Fusion: The Power of Creativity in Dementia Care, which will be modeled on Arts Fusion, an innovative creative arts program for persons with dementia organized by the Alzheimer's Association of Central and Western Virginia. Recognized as a 2014 Best Practices Program by the Virginia Department for Aging, Arts Fusion provides multi-sensory creative experiences that enhance the quality of life of persons with dementia and caregivers, integrating various art forms including visual art, music, dance, poetry, storytelling, and massage. In this workshop, participants will take part in an interactive experience in which they will learn how to combine, or "fuse," multiple modes of creative expression in order to engage persons with dementia in meaningful activities that promote self-esteem, positive mood, and a sense of belonging. Through art, music, poetry, and storytelling, participants will learn about and design simple arts-based activities for persons with dementia while exercising their own creative abilities. No prior experience in the creative arts is necessary.

8. The Lindsay Institute for Innovations in Caregiving: Advancing caregiver health

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The critical role performed by family caregivers is the foundation upon which long-term care in the United States depends and is built. It is largely overlooked, undervalued, and dependent on the sustained good health of the caregiver. Often, caregivers are elderly themselves and have chronic diseases prior to assuming the difficult and challenging caregiver role. Evidence shows that caregivers neglect their own health to provide care to their loved ones thus becoming persons at-risk and likely to need assistance. The health care system and physicians need to play a more active and leadership role in assessing and maintaining caregiver health. It is the mission of the Lindsay Institute for Innovations in Caregiving to heighten societal awareness of the negative health consequences of caregiving and develop and improve methods to sustain caregiver health. One such method is to leverage technology. Institute staff will present a workshop reporting on the results of an intergenerational, multi-disciplinary "Caring for the Caregiver" Hackfest held in March 2015 that engaged students, caregivers and industry in a competition to design technological solutions that advance caregiver well-being. We will also report on ways to better educate health professionals so they may assist their patients who are caregivers.

9. The politics and policies of aging

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No one likes politics, but it is Congress that makes the policy decisions that affect the citizens of every generation. Citizens, in turn, affect the politics. Social Security, Medicare, Medicaid, and the ACA are social programs that are always in the political mix. Who wants what and why? How do these programs work and do they work?

In this workshop we will demystify the politics, get a handle on how these programs work and the policy decisions that are in play and separate fact from spin.

10. Life course perspectives and social gerontology: Profusion and confusion

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The "life course perspective" has become increasingly popular in social gerontology research over the past decade, but in fact there is no single life course perspective, and different approaches to formulating a life course perspective go back for decades. The primary goals of this workshop are to (a) describe at least four versions of the perspective, (b) critically address the strengths and limitations of each, (c) situate each version in terms of broader social and psychological theory, and (d) adjudicate different claims as to who in fact should be given credit for "authoring" the life course perspective. In light of the primary goals, secondary goals are to consider the prospects of a life course perspective that is more (a) attentive to the role of place and geographical experience, and (b) informed by other currents in social theory. Dr. Cutchin will chair the session. We anticipate a lively discussion that will be useful to students in various disciplines within the field of gerontology, as well as to established researchers who may or may not be using one of the life course perspectives in their research. Both students and established researchers will be invited to join in active discussion and debate.

12. Coping strategies of American Korean War veterans in later life

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For many veterans, military service in wartime is remembered as being a life-changing experience, which may lead to psychological gains (e.g., increased personal strength), as well as losses (e.g., posttraumatic stress), across their lifespan. Coping strategies form an important area for research in understanding how older veterans have dealt with difficulties in social adjustment in their later life. This study examines the impact of military experience and social support from fellow veterans upon coping strategies of older veterans. This study employed a mixed-methodology approach, combining focus groups and surveys. Data was collected from 20 American Korea War Veterans and 22 non-veteran older adults living in the Northwest Ohio region. The findings showed that the veteran group tended to use less avoidant coping strategies such as denial, venting, alcohol, behavior disengagement, and self-blame than the non-veteran group. Social support from fellow veterans through the American Korean War Veteran's Association was a critical factor in their utilization of more adaptive and less

avoidant coping strategies. Implications for health service providers and study limitations are discussed.

13. Failure to thrive: The anorexia of aging

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Failure to thrive or The Anorexia of Aging is an involuntary state of gradual decline which can progress unobserved by patients and their caregivers. Anorexia of aging is multidimensional and can involve one or more major organ systems. The syndrome has become a major concern in the aging population and includes clinical manifestations of decreased appetite, weight loss, poor nutrition, inactivity, dehydration, depression, impaired immune function, and low cholesterol levels. Multiple differential diagnoses can be associated with the anorexia of aging. It is not an anticipated or expected outcome of aging and should include a comprehensive assessment of functional impairment, cognitive decline, depressive symptoms, malnutrition, laboratory and diagnostic findings to detect underlying causes. As the elderly population is often prescribed multiple medications from numerous physicians, a comprehensive review of medications must be completed. If the underlying cause establishes a new diagnosis, follow-up should include options of appropriate treatment. The goal of medical management of aging anorexia is to improve patient outcomes through treatment of underlying causes, management of symptoms and must include a dynamic approach which is patient and family centered. End-of-life care options may need to be considered to avoid interventions that may prolong unwanted suffering.

14. Retirement risk: Has spending on children's college education replaced Boomer's retirement savings?

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Only the first few Boomers having reached the traditional retirement age, however recent Census data suggest Boomers plan to remain attached to the labor force. Labor force participation for both men and women, ages 65-69, grew over the past decade rising to over 35% and 21%, respectively. This stronger labor force attachment was also noted for those through age 75. A portion of this

stronger labor force attachment has been attributed to longevity and the need or desire to remain actively engaged or productive. Other factors contributing to remaining in the labor force included market instability over the past years, low retirement savings, and lack of retirement planning. Using HRS data, this paper adds another factor educating children. This paper examines parents paying for children's college education as a potential factor reducing retirement savings of Boomer parents. It also discusses the costs of Parent Plus Loans on parents' potential retirement timing. Finally, the paper suggests that the high financial investment by parents in their children may alter intergenerational relationships in the 21st Century.

15. Friend requests or musical requests: What types of activities increase social support among older adults in continuing care retirement communities?

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As individuals age, perceived social support decreases. Activity theory posits that informal activities can be used to alleviate some of this loss. This study evaluates two groups, one who learned how to use ICTs and one who participated in activities, to evaluate how different types of activities impact subtypes of social support (informational/emotional support, tangible support, affectionate support, positive social interactions, and miscellaneous) among an older adult population in CCRCs (Continuing Care Retirement Communities). The study analyzes data from a 5 year longitudinal study on the impact of ICTs on quality of life among older adults in CCRCs in the deep south. A mixed method approach was used to evaluate the differences in types of social support among individuals who use ICTs and those who participate in other informal activities. Two subtypes of social support were found to be influenced by informal activities: positive social interactions and miscellaneous social support. Results from this study add to the literature used to design activities that positively impact social support for residents living in CCRCs.

16. Grandma created a living trust & sibling rivalry shattered it

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Two and a half years passed before my mother's living trust was settled.

The trust was not honored by one of two siblings. The sibling relationship is now erased and resulted in untoward anxiety, expense, and interrupted the natural grieving process. What differences exist between siblings at the time of parent's trust distribution? If there are differences what are they?

17. A blueprint for a livable community: One city's approach to developing and mobilizing a community wide plan for seniors

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Building community wide support for and investment in creating a livable community for seniors is a challenging task. The presenters will discuss what worked for their area as they developed the Chesapeake, VA Comprehensive Plan for Persons 55+. The vision for the Plan is Chesapeake's community for a lifetime...where all thrive with security and dignity. SSSEVA, the regional AAA, in partnership with the City created a broad based, community 55+ Think Tank to oversee the development and implementation of this new part of the City's Comprehensive Plan. This Plan was created to align the City's priorities for older adults across the community in recognition of the need for planning to serve the growing older population and to improve existing programs and services. The Plan is an agenda for action, an advocacy tool, and creates focus on the most important issues for the senior population. During the plan development, a community wide survey was conducted as well as a series of community meetings. The participants will explore what worked in one community, the challenges that participants face in their community, and the use of survey data and public meetings to support the development of a blueprint for a livable community.

18. Assessing medical and financial decision making capacity in older adults

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Determination of medical and/or financial decision making capacity is a routine clinical concern in hospital settings. In older adults, diagnoses of dementia and mild cognitive impairment can negatively affect decision making capacity. Psychiatric diagnoses can also negatively affect decision making capacity. Research studies have found clinicians can underestimate capacity up to 58% of the time. Additionally, 35% of nursing home residents found to lack capacity were not identified by their providers. Decision making is a complex process requiring an individual to appreciate, understand, use reason, and communicate choices in medical and financial situations. Decision making capacity exists on a continuum, is transient, and often should be assessed within the context of specific incapacities. For example, while financial skills have been found to be impaired in individuals with mild cognitive impairment up to one year before converting to a diagnosis of Alzheimer's disease, this population may still retain the capacity to consent to a basic medical procedure. The goals of the proposed workshop is to differentiate competency and capacity, understand and appreciate the complexities of the capacity continuum, provide an overview of the decision making capacity assessment process, and provide recommendations for providers consenting patients with compromised cognitive functioning.

19. Advanced illness management: Moving upstream through comprehensive systems and community collaborations

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Challenges to an older person's health and independence are multifactorial and grow in complexity in the presence of advanced illness. Systems that were created to answer the medical and social challenges of aging are not designed for the comprehensive yet individualized approach that is needed. This often results in a mismatch between patients' preferences and care delivery at the end of life. This panel will present three team-based models

that use Advance Care Planning over the course of a relationship with patients and apply the principles of Geriatrics and Palliative Care. The PEACE Trial was a randomized controlled pilot study of a geriatric-palliative care case management intervention for dual-eligible consumers, resulting in reduced hospital and nursing home admissions and ER visits. Project GRACE is an evidence-based approach working with low-income older adults on effective advance care planning and care coordination by applying geriatric medicine and palliative care approaches to vulnerable populations. Riverside Health System's Compassionate Care Network is an all-inclusive approach that incorporates community based supports through all levels of care, easing transitions toward the ultimate goal of a peaceful and dignified end of life. Program principles, administrative considerations, and cases will be presented and audience participation is encouraged.

20. Autonomy, depression, and religious coping in the elderly

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Sandra Willis

To better understand well-being in the elderly, we studied the relationships between autonomy, depression, and positive and negative religious coping in a small sample of 63- to 91-year-old residents of an affluent community in Alabama. We hypothesized 1) that senior citizens with low autonomy are more likely to be depressed than seniors who feel highly autonomous; 2) those with depressive symptoms will be more likely to use negative religious coping (questioning God's love); those with fewer depressive symptoms will use positive religious coping (having faith in forgiveness). We examined perceived autonomy, self-efficacy, religious coping, pain and illness, and depressive symptoms in a sample of 10 women and 6 men, and found some support for our hypotheses. The group showing highest depression was least autonomous although the relationship was not significant. Depression was related to negative religious coping; whereas, positive religious coping was inversely related to depression. Neither effect was statistically significant. Autonomy is important to well-being in the geriatric population, as are the ways seniors cope with depression and declining autonomy. Details of the study as well as the importance of this issue will be discussed further.

21. The needs of those aging with HIV/AIDS: In their own words

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Within the last decade, the incidence of older adults living with HIV/AIDS has increased in the United States. This population of long-term survivors, and those diagnosed later in life, is expected to increase. Scholarly literature suggests that knowledge of the lived experiences of this population is lacking. The purpose of this qualitative study was to explore the subjective experiences of older Americans who have a diagnosis of HIV/AIDS in order to understand their perspective of their biopsychosocial needs. Semi-structured interviews were conducted with voluntary participants ($n = 26$). All were aged 50 or older and self-reported a diagnosis of HIV/AIDS. Data from the interviews were analyzed using Interpretative Phenomenological Analysis. With the use of in-vivo coding, patterns of meaning within and across participants' responses revealed three major themes: Choices & Decisions, Information & Understanding, and Purpose. Within these themes, participants revealed what they perceive as their unmet needs in regards to service provision and policy implications. Implications from these findings are useful across disciplines that work with this unique population.

22. Dancing in the street

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This paper studied the migration patterns of older adults in China and the determinants associated with migrations. Survey data were selected from the 2011 China Health and Retirement Longitudinal Study (CHARLS), and the spatial analysis was applied using Geographic Information System (GIS) to explore the geographical patterns of different types of older migrants. Logistic-linear modeling was used to examine the correlations between personal, environmental attributes and migrations. The results suggest that approximately about 6.6% of the Chinese older adults (60+) migrated in the past 10 years. Elderly migration mainly happened in metropolitan areas and frontier provinces in China. Personal attributes, family structure, and housing conditions are associated with migration. The spatial patterns were associated with personal culture background, social policy, and regional

development. This paper also discussed the implication of elderly migration, including establishes proper social policy and pay attention to the living environment of both stay and migrant elders.

23. Exploring transportation resources for older adults in Appalachian Ohio

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The older population in some areas of Appalachian Ohio is expected to grow to over 30% in the next 15 years, and expansion of services will likely be necessary to support them. This study examines how non-driving older adults in Appalachian Ohio arrange transportation for medical care, grocery shopping, and social engagement. Understanding how residents access these goods and services is critical for identifying how we can support aging in rural settings. This project provides a baseline look at current transportation services and evaluates, from the older adult's perspective, how well needs are being met. Semi-structured interviews were conducted with 20 informants to explore their transportation resources. Utilizing a content analysis process, richly detailed stories emerged about their experiences. The findings suggest that distant trips for specialized care are problematic, especially for those utilizing oxygen; medical transportation may entail long waits; ER's are over utilized when transport is unavailable; care is delayed and/or stopped due to transportation challenges; home care workers provide transportation for clients beyond authorized work boundaries; and transportation providers could benefit from improved training. The results provide insight for policy makers and providers dedicated to improving transport services for older adults in Appalachian Ohio.

24. Psychosocial factors as mediators of the racial disparity in diabetes distress among older adults

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Diabetes distress has been shown to contribute to the difficulty of self-management and worsening diabetes status over time. We examined the relationship between social support and diabetes distress. Additionally, we investigated whether racial differences in diabetes distress would be mitigated by the psychosocial barriers of perceived discrimination and physician trust. 146 Black and White older adults participated in the 2-year follow-up of the UAB Diabetes and Aging Study of Health (DASH) which included an assessment of diabetes distress, experiences with discrimination, and physician trust. Multiple regression models adjusted for demographic factors and amount and satisfaction with social support assessed the association between race and diabetes distress. The initial model revealed lower levels of satisfaction with social support ($B = -0.439$, $p < .0001$) and Black race ($B = .183$, $p = .02$) were associated with higher levels of diabetes distress. Perceived discrimination and physician trust each were mediators of the relationship between race and diabetes distress. Results suggest diabetes distress is related to risk/protective factors for health disparities such as social support and trust in one's physician. Self-management interventions should target psychosocial barriers, like discrimination, to help reduce and eliminate the racial disparities that exist in managing diabetes.

25. Changing prevalence of diabetes comorbidities for Texas nursing home residents, 1999 to 2009

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The increased prevalence of diabetes and related comorbidities in recent decades has affected all age groups, including the older population. While much of the attention from both policymakers and academics has focused on younger populations and the relationship of obesity to diabetes, older populations and nursing home residents have also been affected by these trends. The State of Texas is of particular interest as it has a rapidly expanding Hispanic population plus a substantial African-American population which facilitates observation and analysis of disparities in health care outcomes among various groups. Previous analysis of diabetes prevalence among Texas nursing home residents (Coxe, Lennertz, and McCullough 2013) found that diabetes prevalence increased for Texas nursing home residents of all ethnic groups, both genders, and older people from 1999 to

2009, with more severe increases for Hispanics and African Americans compared to Whites.

This research focuses on comparing the change in prevalence of diabetes-related co-morbidities regarding the cardio and renal systems for middle-aged (50-64) to young-older (65-74) nursing home residents. Diabetes increases both the risk of difficulties for the cardio and renal system and complicates treatment of these co-morbidities, pointing to greater care needs for this population plus disparities in outcomes.

26. Transforming pressure ulcer prevention care processes through cueing innovations

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The incidence, financial costs, and poor quality of life associated with pressure ulcers (PrUs) have consistently resisted prevention efforts in long term care (LTC). Innovations that cue staff toward best PrU prevention practices have shown promise by helping staff decrease resident pressure exposure through repositioning/movement, however repositioning residents every two hours is customary practice predicated on two small studies conducted over 50 years ago. An evidence-based framework will be presented offering a flexible menu of cueing innovations based on recent studies supporting the potential for extension of repositioning to 3 or 4 hours on high density foam. We integrated into a unified framework the best available evidence from three large studies that used unique, yet complementary cueing approaches. The cueing innovations embedded in this framework, such as checklists and auditory and EMR technologies reinforce teamwork and support team efforts to improve care processes. How the framework with decision tree and practice protocol equips LTC leaders with a method for selecting and tailoring cueing innovations to facilitate staff implementation of PrU prevention best practices will be discussed, along with ways leaders systematically determine facility readiness

and shape the innovation components for PrU prevention according to their facility's needs, strategies, and resources.

27. Integrating US census data with geographic information systems to understand local community connections

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The United States Census Bureau provides population and housing data every ten years and updated estimates on a 1, 3, or 5 year cycle. This census data is extremely useful when coupled with a Geographic Information System (GIS) which is a tool that has a well utilized history across many disciplines to help develop informed decisions. A GIS is able to assimilate and analyze information that may not be readily apparent to help answer the questions: where and why. Population, housing, or economic data can be analyzed against many other cultural and environmental situations so there can be a greater understanding of the local community. This presentation will discuss where to find relevant census data specific to the older population, how this data can be visualized on a map, and how this information can be analyzed with other community information. Knowledge gained from this analysis can not only help better understand the local population but focus time and resources for the biggest impact.

28. Migration decision-making among older couples

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Migration in later life is typically the product of a decision-making process that varies, in fundamental ways, across sub-groups. Complexity and variability is a built-in feature of later life migration, but this complexity is only imperfectly reflected in the existing empirical literature. The present study focuses on one instance of this problem. In couple households, migration decisions should reflect couple-level dynamics. Existing studies, however, rarely account for the embeddedness of a nontrivial subset of older migrants within couples; systematic investigation of couple-level factors is rarer still. The present study seeks to remedy this shortcoming. Data from the Health and Retirement Study (HRS) are used to construct a couple-level extract that spans ten

years, 1996-2006, and is representative of U.S. couples with at least one member aged 55-65 at study baseline. Event-history models are used to estimate the influence of couple-level factors on the hazard or risk of migration. Among other findings, results indicate that couple mobility is shaped by the interaction between the self-reported health of wives and husbands. The implications of results are discussed along with study limitations and areas for further research.

29. Evidence-based, innovative dementia care to sustain function and enhance well-being: Moving from problem-oriented to relationship-focused care (research meets community) (ADRD Track)

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Over 5 million Americans have dementia and the number is growing. Over 70% of people living with dementia reside in the community. Communities and families need effective and feasible options. The traditional medical view of dementia disempowers and devalues people living with dementia and their care partners by focusing on deficits, losses, costs, and burdens. A growing evidence base supports relationship-focused approaches to dementia care, sustaining function and enhancing well-being. This framework represents a paradigm shift to improve the lives of people living with dementia, whether in the home, community or residential care setting. Innovative, integrative strategies incorporate creative arts (music, art, etc.), fun, lively social connection, meaningful activity, integrative medicine (mindfulness, movement, massage, etc.), and skilled therapy. This presentation will review the supporting research and describe examples of viable community programs effectively using the new paradigm of care, serving people living with dementia and their care partners well.

30. Regional coalition implements Stanford's chronic and diabetes self-management workshops

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Health Care Professionals in Virginia's Hampton Roads partnered with two Area Agencies on Aging, three health districts and several health systems to improve patient engagement in managing chronic conditions. CARE coalition serves over 400,000 individuals, which is 20% of the total Virginia population. 24% of these adults have arthritis and 10% diabetes (Virginia Atlas of Community Health, 2012). 23% of the population in Williamsburg is age 65 plus. 22% of Hampton Roads population is 55 plus (ACS Demographic and Housing Estimates, 2013). CARE completed 16 workshops in Chronic Disease Self-Management in 12 months, impacting 214 participants. 74% of participants were over the age of 60. AHRQ-funded investigators found significant improvement in health behaviors, health status, and health services usage in patients who completed CDSMP (Lorig et al., 1999). NCOA estimates \$750 per person cost savings in ER and hospitalization (www.NCOA.org, 2013).

Two Master Trainers will demonstrate the Stanford Model of Chronic Disease Self-Management, introducing tools in an interactive and participative method, similar to an actual workshop. Goals are to obtain skill and working knowledge of action planning and problem solving and to learn techniques in forming a coalition to implement evidence-based models within your community.

31. Aging, obesity, & livable communities: A convergence of interests

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Population aging, rising obesity rates, and the benefits of age-friendly communities are evident both globally and in the United States. Yet rarely and only recently are the three discussed together. Presenters will first review evidence for these trends internationally and domestically. Next, they will describe a convergent and intersecting relationship between population aging, age-friendly communities and obesity prevention. Third, they will discuss obstacles to merged goal attainment in America, such as geography, a car-based transportation culture, and the "obesity paradox" regarding the older population. Finally, current initiatives promoted by AARP, the CDC and Virginia will be described, along with ideas for optimizing collaboration among gerontologists, health promotion professionals and agencies, and the age-friendly community movement to provide services and

infrastructure that promote healthy and active aging for America's older population.

32. Changing places: Adult children and the transition of aging parents

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This study explored the experiences of adult children as they transition their functionally and/or cognitively declining aging parents from independent living to supervised housing.

A qualitative grounded theory approach was used to chronicle the experiences of adult children as their caregiving responsibilities intensified and the parents' health declined. Semi-structured telephone interviews were conducted using questions developed from Symbolic Interaction Theory (SI) and designed to follow a pattern of increased frailty of the parent(s) and escalating involvement of the adult child.

Two major themes emerged from the data: Changing Places and Everlasting Love. Adult children began to intervene when cognitive or physical declines compromised the safety and well-being of the older adult. As disabilities intensified, adult children relied on siblings, friends, social services and health care providers to assist in planning and implementing caregiving responsibilities. Deep respect and abiding love of the aging parent(s) sustained the adult child throughout the caregiving experience.

Research on caregiving should define "family caregiver" to delineate between adult children and other caregivers. Further research should also focus investigations on programming that could assist the adult child in their caregiving responsibilities such as affordable in-home care, adult day services, and financial planning.

33. Nutritional perceptions of older Hispanic adults revealed in development of a cookbook of favored recipes

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Understanding nutrition perceptions and differences of older Hispanic persons in the United States is important for promoting healthy nutritional decisions. This study explored the individual and cultural perceptions of nutrition, diet, and food choices among a group of older Hispanic adults living in Charlotte, North Carolina. A group

of 16 older Hispanic adults meeting weekly at a senior center shared their perceptions of nutrition through sharing of favorite recipes and stories around their recipes while creating a cookbook. A qualitative research design was utilized through guided discussions and open-ended questions. Sharing recipes through personal narratives created opportunities for perceptions of diet and nutrition to emerge. Recipe cards written by participants provided a convenient way to maintain and analyze the recipes and notes written about stories associated with recipes. Key themes identified in the recipes and stories included freshness, recipe preparation, presentation, and the context in which recipes were prepared. Factors considered most influential in dietary choices included taste, cost, convenience, and persons sharing the meal. The final cookbook and findings were shared with the group, participants requested an educational session on nutrition in one of their upcoming healthy choices programs.

34. Do formal and informal Alzheimer's disease caregivers use evidence-based practices? (ADRD Track)

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The number and proportion of elderly Americans and their longevity are increasing. Research predicts that Alzheimer's disease (AD) will attack up to one in six elders. Fortunately there is a growing arsenal of evidence-based medical and non-medical treatments for AD victims. But to what extent are evidence based treatments used by formal and informal caregivers? This qualitative study observed both formal (in an assisted living dementia unit) and informal (family caregiver support group) AD caregivers. In both settings, caregivers were generally unaware of the concept of evidence-based treatment and of specific evidence-based practices. However, their knowledge and actions generally reflected the evidence base. The implication is that someone, earlier on, delivered evidence-based training, but the evidence-based component never reached those "in the trenches." The pros and cons of "doing without understanding" are discussed, and recommendations for more effective caregiving are presented.

35. Are undergraduate students inherently ageist? Overt and subconscious views of aging in societal context

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Older adults are often accurately characterized in relation to attributes such as wrinkles, grey hair and adaptive equipment. Such representations are frequently viewed as ageist. This research considered the degree to which images of aging inappropriately reflect subconsciously internalized and taken for granted truths rather than expressions of ageism. A study of drawings produced by 463 undergraduate students at five American universities revealed a dichotomy between characterizations of aging as expressed in written commentaries and these drawings. Specifically, a number of attributes represented in the drawings were not discussed in descriptions provided by the students. For example, wrinkles seem to be taken-for-granted features of older adults and were not viewed pejoratively. The research indicates that we need to reconsider the degree to which certain attributes of old age are actually expressions of ageism encouraged by the cosmetics industry rather than objective characterizations of older adults. We conclude that Ageism is created and reinforced by societal institutions rather than inherent value in young people's perceptions of older adults.

36. State dementia plans: framing the Alzheimer's disease movement (ADRD Track)

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Using framing theory, an interpretive analysis of 38 state dementia plans compares similarities and differences in diagnostic, prognosis, and motivational framing across plans. Paper authors conducted a qualitative study, systematically reviewing and coding language used in state dementia plans to identify salient framing themes. In framing diagnosis, six plans used dementia alone in their titles. Eighty-eight percent either used Alzheimer's Disease (AD) or Alzheimer's and Related Dementias or

Disorders. In framing prognosis and calls to action, plans were consistent in their prognostications about the progressive consequences of the disease with a primary focus on the cost to caregivers and the state and its ability to provide health care. Motivational language mirrored the AD Movement, from raising awareness to inflammatory words to incite action. The use AD for all dementias provided the majority of states a shorthand that has already been embraced by the AD Movement. Language used to frame plan diagnosis and prognosis may set up clinical interventions that do not distinguish between types of dementia, may link normal aging to dementia disease, and may undercut person-centered care. Framing may shift the victimization focus from persons with AD to caregivers and the state, and may sub intentionally reflect cultural biases.

37. Investigating the psychosocial impacts of dementia caregiving through blogs (ADRD Track)

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Individuals who suffer from dementia exhibit behavioral and psychological symptoms that can place a great deal of burden on family caregivers. This burden leads to increased stress for family caregivers and reduced quality of life. While the impact of dementia caregiving on levels of depression, anxiety and stress has been explored, more information is needed on the psychosocial impact of dementia caregiving on caregivers and families. Many individuals use web blogs as online journals to share their lived experiences. These blogs contain rich narratives that represent an untapped resource for understanding the psychosocial impact of caring for a person with dementia at the individual and family level. This study seeks to use blogs to explore the psychosocial impact of dementia caregiving. Blogs written by self-identified informal caregivers of persons with dementia will be identified using a systematic search method. A qualitative thematic analysis of blog posts will be conducted to gain insight into the research questions. By understanding psychosocial impacts of dementia caregiving, interventions and services can be developed aimed at improving caregiver burden and quality of life.

38. Formal and informal caregivers of persons with Alzheimer's disease: Exploring common areas of competencies (ADRD Track)

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Alzheimer's disease (AD) is the most common form of dementia in the U.S. and is the sixth leading cause of death in the U.S. Whether supportive services are provided by a formal caregiver (such as a nurse or direct care worker) or an informal caregiver (such as a family member or friend), there are common skill areas, or competencies, that can be developed in providing optimal care for persons with AD, such as personal care skills, behavior management, safety and emergency training, and self-care. The purpose of this paper is to identify these areas in three well-established training protocols for caregivers: 1) the Personal and Home Care Aide State Training (PHCAST) program for direct care workers, established under the 2010 Affordable Care Act; 2) the Powerful Tools for Caregivers (PTC) program; and 3) the training principles for caregivers set forth in Alzheimer's State Plans. The objectives of this study include facilitating exchanges of best practices between formal and informal caregivers and improving the capacity to care for AD, both in the direct care workforce and in the general population. Implications for developing education and training models for direct care workers, informal caregivers and supportive state policy will be discussed.

39. The mobile health ecosystem

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Annual investment in Mobile Health (mHealth) innovation now exceeds \$1 billion a year. Many health professionals and care givers are asking: Where does it fit in my ecosystem and the world of Connected Health? What is it? What works? Where is the evidence and the ROI? Who uses it? How do we conduct research with such rapidly changing technology? This session is designed to give gerontology professionals a snapshot of the world of mHealth and where it is going so they can 1) decide if and where mHealth applies to their mission and 2) what they may want to monitor, explore or research. First, the presentation will provide an overview of the mHealth Ecosystem with a spotlight on what it means for formal and informal caregivers to aging in place. Second, examples featuring proven and emerging solutions, research evidence, and trends will be highlighted. These

solutions range from coordinating care and medication adherence to reducing hospital re-admissions. Examples will include a variety of mobile technologies: Text messaging, Mobile Apps, Wearables/Body Sensors, and Remote Diagnostic Devices. Third, a brief discussion will highlight the role predictive analytics and personalization enabled through mobile technologies.

40. Technology interventions for socialization in retirement communities

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Social interactions in retirement communities' shared spaces are a key component for socialization among older adults. Given the under-utilization of these spaces, placing technologies to promote utilization of shared spaces may impact socialization outcomes. The purpose of this presentation is to describe the design and implementation of technology studies conducted for understanding social interactions of older adults in retirement communities. Technology interventions were implemented to evaluate the impact on socialization. Results from studies indicate that technology interventions in retirement communities increase the level of traffic by 23.2 %, and the level of social interaction by 58.1 % indicating a 2.5 multiplier in social interaction versus traffic, where increasing traffic by one unit increases social interaction by 2.5 units. The results not only motivate the need for improving social interactions among older adults but also suggest that placement of technologies in common shared spaces at retirement communities may positively impact the use of spaces and social interactions at retirement communities.

41. Factors affecting internet use among seniors US

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This paper presents the findings of a three-year grant from the U.S. Department of Commerce to study sustainable broadband (internet) use (2010-2013). The study participants included approximately 500 seniors participating in broadband training programs in senior housing facilities, senior centers, and public library programs. The study found that seniors were more resistant to internet use than younger participants. Fear of failure and lack of awareness of the benefits of the internet were primary reasons for non-use. The study also found

that one-on-one or small group training programs were the most effective ways of promoting internet use.

42. Extension Get Fit

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Extension Get Fit is a comprehensive strength training program developed by the University of Arkansas Division of Agriculture for use with the Cooperative Extension Service and its volunteers. The curriculum covers exercise recommendations including how strength training is a part of the overall fitness plan, how to start an exercise class, the basics of exercise, safety, assessments, evaluation, teaching techniques, nutrition and exercise instruction. The program is designed to train not only Extension employees but also lay volunteers to teach exercise classes in the community. Various weight lifting equipment is discussed in the training. The program is appropriate for use with senior adult audiences. In this workshop you will hear excerpts from the Extension Get Fit training materials, participate in sample strength training routines, and learn how to implement the Extension Get Fit program in your state.

43. Filling the cracks with coordinated care: addressing the needs of low income community dwelling elders

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The Richmond Health and Wellness Program (RHWP) is collection of innovative, interprofessional, student-led, care coordination and wellness clinics located in Section-8 apartment buildings serving low-income health disparate older adults in Richmond, Virginia. The VCU Schools of nursing, pharmacy, psychology, medicine, and social work teamed to develop an innovative community based interprofessional collaborative practice (IPCP) model to provide care coordination and health promotion to these communities of low income, urban elders with high chronic disease burdens. This workshop provides success stories and lessons learned while implementing a clinic model based on evidence-supported principles of effective care coordination including medication management, patient education, transitional care, behavioral health, and communication with primary care providers. Patient assessment tools and project evaluation instruments developed for the IPCP model will be provided. The goal of this workshop is to provide participants with a comprehensive view of a unique interprofessional care coordination wellness clinic that serves an at risk older adult population.

44. An idea whose time has come: Internet access to local community resources for aging at home.

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It is projected that an increasing number of aging adults will need assistance to remain safely in their own home. This symposium presents the need for www.AgingProjectsInc.org, an internet site that provides access to local community resources for aging at home. First, the presenters will describe how this web site helps elders remain SAFELY at home. Second, the presenters will go over the web site and national statistics: Who uses this web site? Who needs this web site? Third, the presenters will describe how this web site can be expanded to other communities in the nation.

45. An integrative review of African American older adult decisions near the end of life

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Minorities, particularly African Americans, engage in end-of-life planning less frequently than Caucasians. The Institute of Medicine produces landmark reports stressing the need to focus on end-of-life decision-making. Further, the Patient Self-Determination Act requires Medicare/Medicaid funded healthcare organizations to empower patients to refuse/accept medical care and execute advance directives. It is important to understand African American older adults' beliefs surrounding end-of-life planning. The purpose of this review is to explore barriers and facilitators to end-of-life decision-making in African American older adults. Searches were conducted using these databases: CINAHL, Cochrane Library, Ovid MEDLINE, PubMed, Psych Info, Web of Science and ancestry searches. Keywords used were: African American, Blacks, end of life and older adults. Inclusion criteria were: included African Americans age 60 years or older, end of life was addressed, research-based, and published in the English language from 2007-2014. Twenty-eight articles met these criteria. Issues that lead to African Americans' infrequent use of hospice and advanced directives include: individual and familial belief systems, culture and socialization, religion/spirituality, and past events in history that have led to distrust/mistrust of the healthcare system. Further research is needed in older adults with cognitive impairment. These findings may inform culturally tailored interventions to address this issue.

46. Assessing the livability of cities & towns in central NC for older adults: Implementing the TJCOG Livability Self-Assessment

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In 2013, The Stanford Center for Longevity and MetLife Mature Market Institute published "Livable Community Indicators for Sustainable Aging in Place." The report presented a comprehensive range of key community factors related to successful aging in place, including indicators on Housing, Transportation, Safety, Health Care, Supportive Services, Retail, Social Integration, and Participation. In 2014, the Triangle J Council of Governments (located in Durham, North Carolina) created

an electronic "Livability Self-Assessment based on the Stanford Indicators. The instrument was developed at the request of the Triangle J Board of Delegates, a consortium of more than 30 public officials representing 7 central North Carolina counties. Before broad dissemination, a pilot-study was conducted with five municipalities to evaluate the feasibility and usability of implementing the "Livability Self-Assessment;" and to identify areas of possible refinement for the assessment, as well as assess initial ideas on the effectiveness of the assessment in promoting community dialogue and planning on aging-in-community supports and service. Both the assessment and the study are designed to motivate public officials, city planners, service providers and consumers to actively engage in collaborative planning to support aging-in-place. The study has implications for critical change at the local, state & national levels.

47. Creating an age positive society through "Ageless interActions"

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Addressing age separation in communities is paramount as our 65+ population continues to grow. With the influx of changing urban communities, we need to begin bridging the spatial and institutional gaps between the generations. Integral in connecting generations, is educating younger persons on the social construction of age, given how we consider age and the aging process underpins social connection with aging adults. *Ageless interAction* aims to bridge the generational gap through creative community collaboration. By connecting high schools, universities, and long-term care settings, *Ageless interAction* creates age positive environments through the use of education and creative arts. Incoming participants ages 13-30 attend an in-depth service-learning workshop discussing cultural and social definitions of age, the fluidity surrounding the meaning of age, and how, through looking at age as a social construction, we can begin to engage with older adults in more positive ways. With the newly acquired education, participants interact with adults 65+ in a variety of LTCs through the use of creative arts such as visual arts and music. *Ageless interAction's* evidence-based outcome oriented programming assists growing communities reconnect generations together in collaborative and engaging ways, which enable a more inclusive, age positive society to emerge.

Omitted Abstract (missed final program print)

Objective: The goal of the present study was to investigate the relationship among practical judgment (measured by the Test of Practical Judgment [TOP-J]), adaptive behavior (measured by the Texas Functional Living Scale [TFLS]), and basic cognitive functioning (measured by the Dementia Rating Scale-2 [DRS-2]), in order to better predict patient's level of cognitive impairment based on their practical judgment and adaptive behavior.

Method: The participants were 278 older adults aged 56 to 95 who were seen for a neuropsychological evaluation at an outpatient neuropsychological clinic in Virginia. The mean age of patients was 74 years ($SD = 10.01$). Binary logistic regression was conducted to examine the predictive power of TFLS and TOP-J scores on the level of cognitive impairment.

Results: Results revealed that patient's scores on the TFLS and TOP-J significantly predicted the presence or absence of cognitive impairment. The effect size was moderate, as the model was able to explain 48.8% of total variance in DRS-2 scores.

Conclusions: Results indicate that patient's scores on the measures of adaptive behavior and practical judgment can assist in predicting one's cognitive function, thus assisting in the diagnosis of cognitive impairment or dementia in order to optimize appropriate treatment.

48. Dancing in the street

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The world's population is aging at an unprecedented rate. Within the Greater Williamsburg Area (GWA), it is projected that by 2030, one in three residents will be 60+. Of concern, older adults are at high risk for debilitating and costly mental and physical health problems' including depression, social isolation, substance abuse, and a lack of physical activity. Though there are myriad ways to remedy these conditions, one powerful, preventative approach is often overlooked. Time and again, use of quality city parks has been shown to enhance physical, psychological, and spiritual health and well-being. Use of these amenities is particularly essential for the physical and mental health of the elderly, yet park use is on the decline in the U.S.' with older adults some of the least frequent users. Utilizing mixed qualitative and quantitative methods (spatial, survey, and statistical) this research investigates if, how, and why (or why not) area parks are utilized by older adults. Results reveal motivations for and

barriers to use, and highlight fruitful approaches to increasing park visitation by older adults. Study findings can also facilitate policy, planning, and research in other cities looking to maximizing the health and wellness benefits of parks for the elderly.

49. Older Wiser Learners Series-OWLS

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Older, Wiser, Learners Series (OWLS) is a seven module program addressing relevant issues for aging adults related to independent living. Topics included in this program are: Falls Prevention; Universal Home Design; Nutritious Cooking for 1 or 2; Personal Safety; Designating Personal Belongings; and Talking About the Tough Stuff. This program utilizes a unique approach by incorporating a community meal at the start of each session, which will foster connections and relationships with peers, in an effort to reduce the isolation reported by the aging population. The target population for the OWLS program is aging adults however this information has been reported as relevant and useful for adult children, family caregivers, and younger generations. The structure of the program is geared toward the aging population however, family members are welcome and encouraged to attend. Furthermore, each module includes a "family focus" element that addresses the overarching involvement of family members related to the particular topic of the module.

50. The importance of the neighborhood environment for active aging in a mid-sized city

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With rapidly growing numbers of Baby Boomers joining the US older adult population, there is increasing interest in improving quality of life and making it possible for residents to age in place well in communities where they live. In this paper we explore older adults' perceptions of their neighborhood environment, the extent to which it makes it easy and safe for residents to walk and interact

socially as part of daily routines, and how accessible it is. We also investigate how these differ across neighborhoods with different built environment features. We focus on Leon County, Florida including the mid-sized low-density city of Tallahassee. Based on in-person survey data collected from a stratified, random sample of older adults in Tallahassee, we examine perceptions of how supportive the neighborhood environment is of walking, how inclusive and accessible it is, what types of destinations are within walking distance if any, and the extent to which it fosters social participation, collective action, and a sense of community. We then compare perceptions across built environment types in the county ranging from urban commercial, to urban mixed residential, to suburban single-family residential, to housing subdivisions in more rural areas.

51. Increasing social worker readiness to work with older adults

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Students from social work, medicine, pharmacy, and nursing participate in a ten-week simulated case experience that allows them to collaboratively manage the care of a virtual geriatric patient. Participation has revealed knowledge gaps for social work. Specifically, social work students lack focused education on healthcare practice with older adults causing them to receive low knowledge and communication scores from the interprofessional faculty and peers. To increase knowledge and communication skills, this project infused geriatric education into the social work curriculum. Beginning in fall 2014, in conjunction with the simulated case (10% of the student's grade), students receive four-one hour sessions of geriatric education and the opportunity to discuss geriatric health care with the course instructor. To evaluate the effectiveness of this curriculum change, we compared the quiz and preceptor scores of the fall 2014 and spring 2014 students. Preliminary results demonstrate an increase in knowledge and communication (Quiz M = 2,830; 50.7% receiving highest

preceptor score) over the previous academic year (Quiz M = 1,661; 38.8% receiving highest preceptor score). These results have implications for future practice. Students with increased knowledge and communication skills will graduate better prepared to care for older adults on a patient-centered, interprofessional team.

52. Addressing quality of care: Measuring interprofessional core competencies

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A 2008 Institute of Medicine (IOM) report highlighted the importance of interdisciplinary training to address the geriatric workforce shortage. In response to the IOM report, the American Geriatrics Society (AGS) convened 21 organizations that led to the Partnership for Health in Aging (PHA). Similar to Geriatric Education Centers (GECs), the mission of the PHA is to prepare the workforce for America's aging population. The PHA developed interprofessional core competencies for the care of older adults. They are intentionally broad to support integration into certification requirements. They also provide a curriculum framework for competency-based training. The AGS recommends that they be tied to the Centers for Medicare and Medicaid Innovation demonstration projects that are identifying new models of workforce development and related training. The PHA subsequently developed a position statement on interdisciplinary team training and endorsed the efforts of the GECs. The Virginia GEC incorporated the competencies into the design of its curriculum for a 160-hour interprofessional faculty development program. In addition, the VGEC used the PHA competencies to create a self-efficacy instrument to assess learner outcomes. This session will summarize the development of the instrument, describe how it has been used to date, and suggest additional uses to be considered.

53. Best practices in dementia-friendly care, research, and community (exploring what, why and how) (ADRD Track)

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What we do, why we do it, and how we do it can either include or exclude others. What are the key concepts to keep in mind when the goal is to include a person living with dementia? Vignettes from mass media show how assumptions about older adults, dementia, or people living with dementia can sometimes sabotage good intentions. Research data support strategies and interventions to facilitate inclusion of people living with dementia and their care partners. Key issues discussed in this workshop include: staging the dementia, recognition of fluctuating functional ability, assessment of remaining strengths, important environmental characteristics, communication techniques, strategies to facilitate new learning, and stage-specific cueing, signage, and decision-making. Evidence-based strategies and interventions will be shared, demonstrated, and experienced as time permits.

54. Improving the health of older adults with chronic conditions through partnerships and evidence based programs

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About 1 out of 5 Medicare patients are readmitted to a hospital within 30 days of discharge. Many of these hospitalizations are preventable. 20% of discharged patients suffer an adverse event. 72% of post discharge adverse events are related to medications. Senior Services of Southeastern Virginia (SSSEVA), Area Agency on Aging, is addressing preventable hospitalizations and medications issues for adults age 60 and older with chronic conditions through a pilot that involves partnerships with Sentara Healthcare and Hampton University School of Pharmacy.

SSSEVA is implementing two evidence based programs: The Care Transitions Intervention (CTI) and HomeMeds. CTI is an empowerment model that focuses on engaging patients to better manage their chronic health conditions. HomeMeds is a medication management program that uses a web based risk screening tool. Medication issues are reviewed and resolved by a consulting pharmacist.

55. Direct care workers: Understanding the promise of state-based training models

Jennifer Craft Morgan, PhD, The Gerontology Institute, Georgia State University
Cynthia Haley Dunn, GA Division of Aging Services
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An adequate supply of well-prepared direct care workers is an essential component of quality long term care. In institutionalized care, these workers provide 80-90% of the hands-on care for residents/clients. In the community, and have been increasingly relied upon in new models of care. Due to increased demand for services as a result of population aging, efforts to elevate the competence and quality of the direct care workforce are critical to helping older adults and persons with disabilities successfully age in place. Further, this workforce has a critical role to play in health care transformations spurred by the current implementation of the Affordable Care Act of 2010. Nationally, the direct care workforce is plagued by few training standards, low job quality, little career opportunity and high levels of turnover. A handful of states are on the vanguard of developing new training and workforce development models to combat these problems. This symposium reviews the work of other states in developing education and training models for direct care workers and highlight the progress Georgia has made in planning for increasing the education and competencies of its direct care workforce as it relates specifically to care for persons with Alzheimer's and other related dementias.

56. Worker harassment in assisted living

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In assisted living facilities (ALFs) workers are intimately involved in the lives of residents. Existing research on ALF

demonstrates the imbalance of this environment which is a personal home for the residents and a workplace for staff. Because residents and staff members are working in close quarters and personal care frequently requires physical contact, the potential for inappropriate sexual behavior exists. Using observational and interview data collected from six ALFs, this grounded theory project analyzes how AL staff defines, understand, and negotiate unwelcome sexual and intimate comments, joking, and physical touch. We found that many workers believed that some level of harassment was "part of the job" and deflected comments and gestures using humor, redirection, or by mentioning a boyfriend/husband. Harassment was experienced by workers of all status including direct care workers, maintenance personnel, managers. Moreover, there was considerable variability in how harassment was perceived by workers depending on the gender and cognitive status. Most workers had experiences with a resident who had "gone over the line." In these cases, strategies for managing the situation included reporting to management, informing the family, and even medical intervention. We conclude by discussing the importance of policies about sexual harassment.

57. Falling through the cracks in the sidewalk (ADRD Track)

*Chih-ling Liou, PhD, Kent State University-Stark,
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Organizational culture is recognized as important for provision of high-quality long-term care. Research done in nursing homes has showed that the organizational culture influenced the interaction between staff and residents and was related to the quality of care and quality of life. There are few data regarding the prevailing organizational culture in Taiwanese dementia care settings.

This study used an ecological systems approach to examine two dementia care settings. Data collection methods involved participant observation and client and staff interviews. Findings showed that one care setting is characterized by a clan culture that provided kin-like relationship between the staff and clients. Staff were trained to treat their clients just like they serve their aging relatives at home by doing everything for them. Staff, however, not only offered clients warmth, but also deprived clients of rights to make decisions and treated them as child-like. In contrast, at the other care setting highlighting hierarchy and safety, staff interacted with clients in a one-directional, "didactic" fashion. Clients received less social and emotional support from the staff;

however, that created opportunities for clients to exercise their authority. Findings are useful to guide the design of dementia care settings in Taiwan.

58. What violations are occurring in special care units? An analysis of compliance in Virginia's assisted living facilities (ADRD Track)

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Over the last 20 years, Virginia has endeavored to define the scope and characteristics of Special Care Units (SCUs). Regulations related to persons with dementia in licensed assisted living facilities were proposed in 2005, and the standards were revised in 2013. At both points in time, the Virginia Center on Aging scrutinized regulation violations using data made publicly available from the Virginia Department of Social Services. The 2014 analyses included 540 facilities, including 133 which operated SCUs. Failure to periodically review the appropriateness of continued residence at the SCU was the most frequently cited violation. Failure to obtain an independent cognitive assessment or written approval of the placement prior to admission was also frequently cited violations. With the addition of a lack of requisite dementia care training for new employees, these top four areas constitute more than half of all violations reported. The analyses also examined characteristic differences in regional distribution and accommodation capacity. For example, although the largest facilities had the fewest violations related to the general regulations, they more frequently violated the top four violations specific to SCUs. This presentation discusses how these results should be interpreted and suggests new directions for oversight.

59. Taking it to the Street.

Tarynn Witten, PhD, LCSW, FGSA, Virginia Commonwealth University, tmwitten@vcu.edu

It is currently estimated that there will be between 347,000 - 1,041,000 transgender-identified persons in the United States who are over the age of 65 years of age. This

cohort has suffered significant violence, abuse and discrimination at the hands of numerous social systems, particularly the healthcare system. In this presentation we will briefly discuss the linguistic landscape of this population and provide some background details to document the experience history of this population. We will present results on the later-life fears, preparations, and concerns of this population. We will then discuss some of the recent results on resilience in the trans-elder cohort. These results are important for all individuals who work in either research or social activism/community organization on behalf of the transgender-identified community.

60. Bridges to health: Opportunities and challenges of implementing telehealth and telepsychiatry in senior living communities

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This workshop will provide an introduction to the use of Telemedicine to serve rural communities, specifically related to senior living communities and the improved access, cost efficiencies and improved quality of care it facilitates. The greatest impact of telemedicine is on the patient, their family and their community. Using telemedicine technologies reduces travel time and related stresses for the patient. Over the past 15 years study after study has documented patient satisfaction and support for telemedical services. Such services offer patients the access to providers that might not be available otherwise, as well as medical services without the need to travel long distances.

Through the examination of the growth of Telehealth Services implemented by the Riverside Health System and Bay Rivers Telehealth Alliance, participants will have an opportunity to examine the clinical services, equipment considerations, infrastructure requirements, network considerations, policy implications and financial support of building a telehealth network. Benefits, Challenges and anticipated Outcomes and Future Developments will be discussed in an interactive presentation which encourages participation of workshop attendees.

61. An Interactive Forum: "Alive Inside," music therapy and engaging demonstration of a clinical music therapy session featuring percussion (ADRD Track)

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Rebecca Engen, PhD, MT-BC, Queens University of
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This workshop complements the Conference Theme by Engaging Conference Attendees in an interactive demonstration of the impact of Music being a way of communication on both sides of the street (and without the use of words). The difference of Music Listening and Music Therapy terms will be demonstrated and will describe Music Therapy Evidence-Based practice. It will also cover applications of Music Therapy and how it impacts the quality of life for individuals with Alzheimer's disease.

Music therapy treatment is efficacious and valid with older persons who have functional deficits in physical, psychological, cognitive or social functioning. Research results and clinical experiences attest to the viability of music therapy even in those who are resistive to other treatment approaches. Music is a form of sensory stimulation, which provokes responses due to the familiarity, predictability, and feelings of security associated with it.

Following will be a dynamic and interactive application of a clinical music therapy session featuring percussion, highlighting use of evidence based practice. Next the conference attendees will be engaging in a Two Way Street Conversation with an interactive demonstration of a clinical music therapy session featuring percussion. The workshop will conclude with question/answer and closing comments.

62. Repackaging the gerontology story

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The baby boomers, 25% of Americans, turned at least 50 in 2014. But professionals in social work, medicine and other helping professions struggle to find students interested in aging. Institutions of higher education have cut back on gerontology programs. While the challenges are great, the opportunities offer hope-- society can develop a broader understanding of our life course together. Today is the time to rewrite the narrow and shallow story of ageism. First, we can communicate a more balanced picture of disability and aging. People

come in many forms and can live quality lives many ways. All can contribute meaningfully when we have a supportive social environment. If we live long enough, some disability will arise. Yet this is not the whole story of our lives. Second, we as gerontologists can market this broader vision of life 'having a message we believe in and want to share. Gerontology marketing begins with children and continues throughout the life course. A variety of marketing mediums can be tested: TV, radio, online, educational and news outlets, as well as networking throughout educational and community institutions. Gerontologists must exercise a gerontological imagination to lay the foundations of the gerontological future.

63. Chronic Disease Self-Management Education (CDSME) in Virginia's prisons: Improving wellness, accountability and self-confidence in a population fallen through the cracks

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Virginia's offenders are older, sicker and stay longer behind bars than ever before. Between Fiscal Year 2010 and 2011, offsite healthcare expenses for Virginia's prison populations increased \$8.7 million, excluding pharmacy costs. At least 1/3 of Virginia's prison populations have at least one chronic health condition, with genetic factors accounting for only 30%. A VDOC study reported that "inmate self-responsibility and discipline (diet, exercise, rest and medication) are keys to health."

Self-responsibility is exactly what CDSME is about. CDSME workshops are evidence-based, providing participants with the tools, support and information for managing their conditions more effectively and with greater confidence. A 2010-2011 national study found improvements in participant health status and quality of life, and reduced depression and unhealthy physical days. Emergency room usage dropped at six and twelve months. Researchers projected a potential savings of \$6.6 billion in healthcare utilization by reaching 10% of Americans with chronic conditions through this program. Offering tools for improved self-governance and healthy behaviors is certainly appropriate with prison populations. Virginia has delivered CDSME to incarcerated individuals since 2012 with good results. At this participatory session,

presenters will discuss their positive and rewarding experiences with CDSME in Virginia's correctional facilities.

64. Screening of the film "I Never Told Anyone That, But You": The power of storytelling, along with: Documenting elders' stories

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*Terry Lee, PhD, Christopher Newport University,
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This workshop will provide a screening of the documentary film "I Never Told Anyone That but You" (22 min.). This film offers intimate first-person portraits of two elders whose poignant reminiscences remind us of how powerful storytelling can be for both the listener and the storyteller. The film is part of a larger project that has grown in several years out of documentary work at the Hampton, Va., PACE, documenting the lives of elders and their families. Workshop leaders will follow the screening with a discussion of the value of storytelling and the importance of listening and learning. This documentary film captures the candidness of older adults, along with their desire to share their experiences in the hopes their stories may help others. Storytelling serves as a critical means by which to capture and affirm the events, beliefs, frustrations, and pleasures older adults' experience. Attendees are encouraged to share their perceptions of the film and of the process of storytelling. Documentary filmmaker and journalism professor Terry Lee will discuss techniques for interviewing elders for life-stories, as well as techniques for documenting the stories in prose, audio, and video.

65. Injury prevention for seniors through active learning

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Preventing injuries from occurring in the home requires increasing awareness of risk factors and making modifications within that environment to reduce hazards. Safety Begins at Home is an educational program that empowers Seniors to make their homes safer and reduce the risk of injury. The program goal is for participants to

make three home modifications to reduce hazards and increase personal safety. This is done by: (1) increasing awareness; (2) reducing risks by identifying and removing hazards; and (3) empowering older adults to take an active role in making safety changes.

The curriculum emphasizes reinforcement of safety messages and taking action. The objective is to bring older adults together to interact with others to reinforce learning, adopt new safety habits, and "pay it forward" by sharing what they learned with others. Reinforcement of the messages comes through activities and action steps, including home safety assessments.

The proposed session, will showcase the educational tools and activities, allowing participants to become engaged in learning activity-driven techniques that promote home safety, including playing home safety bingo, conducting a foot analysis, and identifying lighting options and adaptive devices. Participants will practice safety habits and advocate safety awareness with their peers.

66. Retirement and suicide prevention

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Many people leave their profession with minimal or shallow retirement plans. Many professionals leave their careers with PTSD, anxiety, depression and other mental illnesses due to the change of pace and the decades of under resolved trauma. We will discuss the warning signs of suicide, how to approach a person , planning for retirement if you have depression, and programs available for people who are struggling with retirement and mental illness with suicide ideation.

This workshop won't only help people in retirement but it will help all older adults cope with changes they are experiencing in their life. Suicide among older adults is growing between the ages of 55-70. Their lives are changing and their coping skills may be suffering. Many older adults may have attempted suicide in the past or know of someone that has completed suicide, appropriate coping skills and resiliency is a must for individuals with these risk factors.

67. Aging and cognition: The undervalued social dimension

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Understanding the intersection of the lived experience of human beings through aging and cognition is inhibited conceptually and methodologically by a segmented piecemeal approach to the study of cognitive change with aging that fails to recognize it as an iterative developmental process. This workshop explores the evolution of the modern human brain, controversy surrounding neurogenesis and the architecture of the human brain, the function of neurons and neural transmission, an iterative positive aging approach to cognitive development, and theoretical and methodological limitations of current efforts to describe and understand age-linked cognitive change.

68. Elders are our superheroes: an art program for elementary students that reinforce positive images of aging and builds awareness across communities

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In an effort to advocate for the value of elders in our families and our communities, the "Elders Are Our Superheroes" art show was created. An art teacher in Urban Richmond, Virginia teamed up with a regional collaborative, The Greater Richmond Age Wave, to brainstorm a curriculum and project that educates elementary children and the community to celebrate and respect the wisdom and talents of elders. This program spotlights Grandparents as heroes in their own right, through the eyes of student. This collection of artwork is a rotating exhibit among local partners and businesses. People of all generations can delight in viewing this collection. In this workshop, participants will get an insider's peek of cultivating attitude shifts among youth and thinking of elders as superheroes, and learn more about successes we have experienced when presenting students' works at various venues and events. Several children's books and contemporary pieces of artwork that celebrate aging will be showcased. Participants will get a chance to create artwork using a variety of media. Images will be created of the participants' own grandparents in the superhero role, and images from the art shows of previous years will be shared.

69. The ten commandments of communicating with the hearing impaired

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About one in five adults in the United States, and one in three people age 65 or older report hearing loss. There is great variation in the extent of hearing loss, but at moderate levels and beyond, it has important adverse impacts on face-to-face communication with hearing-abled people. Hearing aids help, but it is noted that hearing aids do not do for hearing what eyeglasses do for vision. The hearing-abled can improve the effectiveness of their communication with the hearing-impaired. This workshop makes ten experience-tested suggestions ("commandments," so-to-speak) for the hearing-abled to utilize in maximizing effective face-to-face communication with the hearing-impaired. Each of these "commandments" will be explained and ways to successfully practice them in conversations with the hearing-impaired will be exemplified. The presenter draws on his own experience as an elderly hearing-impaired college professor and practicing gerontologist, along with research and consultation with his audiologist, for the suggestions and experiences reported in this workshop. The presentation will be assisted by PowerPoint slides, and a paper summarizing the presentation will be distributed to attendees.

70. Art at the park connecting diverse communities (ADRD Track)

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Art at the Park combines diverse communities of at-risk populations for a day of socialization, art and music. The program consists of a visit to a local park or refuge. Participants include people with dementia, their caregivers, volunteers, park staff, Caring Teens and dementia capable GEM personnel. First we take a guided tour of the park, second we create a park themed art project. Next a local musician performs and we end our adventure with refreshments.

The intent is reducing the isolation of people with dementia and their family caregivers. Art at the Park also moderates the stigma of dementia as perceived by the general public by providing a personal connection to the person with dementia. We accomplish this by designing an atmosphere that supports and enables the person with

dementia to enjoy the day and behave naturally. Caring Teens are trained in the Best Practices of dementia care and relate well and engage the person with dementia. Park Staff GEM volunteers learn how to connect with people with dementia and see them as "people" not the disease. Family caregivers can see their loved one in a new light as they enjoy the adventure together.

71. Medical underwriting: A factor in long-term care insurance market demand

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Medical underwriting policies are designed to prevent individuals from purchasing long-term care insurance (LTCI) at a time they are most likely to require these services. The purpose of this quantitative study was to investigate the prevalence of health and lifestyle risk factors associated with medical underwriting, and the relationship of these factors to limiting the potential size of the private insurance market. Data were gathered from Wave 10 of the Health and Retirement Study (HRS), a nationally representative dataset, using purposeful sampling to select 12,666 respondents and spouses, ages 51 and older, without LTCI. Quantitative findings indicated that risk factors affect a sizable proportion of US adults, ages 51 and older. The implications for social change include informing scholars, practitioners, and policymakers of the impact of medical underwriting on older adults seeking LTCI for financial security. Participants will learn about long-term care insurance (LTCI) medical underwriting factors by selecting health and lifestyle risk profiles and role playing mock demonstrations of field underwriting. No special knowledge of insurance or long-term care insurance is needed to participate and gain awareness of long-term care medical underwriting and its effect on market demand.

72. Effective communication at end-of-life: Steps for a successful family meeting

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Communication is essential for all patients who have serious illness, especially for those who are at end-of-life. Understanding patient preferences is critical to ensure

patients receive the appropriate type of care that align with their wishes. Communication has been identified as a major need for not only for patients, but also their family and loved ones. It is the cornerstone of good end-of-life care. Through a family meeting, health care providers and the patient and family are given the opportunity to review the current medical situation and develop goals of care that is based on patient preferences. Unfortunately, many people (including health care providers) are uncomfortable discussing these issues. Worse yet, many health care providers have never received the training necessary to develop this vital skill. In this workshop, we will use a ten-step process that is based on Dr. Weisman's approach and Dr. Buckman's SPIKES protocol (Setting, Perception, Invitation, Knowledge, Empathy, and Summary) to serve as a basis of discussion and as a venue for sharing techniques and ideas to allow for a successful family meeting.

73. Innovative solutions for age-friendly communities: Utilizing community collaborations and senior volunteers for success

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Declining resources, limited funding, and an increased demand for services is forcing us to rethink our practices. To meet the needs of our older clients and do more with less, we need to think outside-the-box and creatively collaborate with other college and community resources. In this workshop we will share three programs in Virginia that are successfully doing this. The programs include: Danville Parks and Recreation whose services go far beyond recreation and has included addressing other community issues and health needs; Bedford Ride, a rural transportation program that utilizes older adult volunteers to meet the needs of their aging population; and the Beard Center on Aging, a college gerontology center, which helps link local service providers with others to increase community effectiveness and collaboration. We will discuss the challenges and benefits of collaboration, the value of volunteering for older adults, tips for involving and retaining older volunteers, and why collaboration and older volunteers are important.

74. Strategies for embedding AGHE competencies into your current curriculum

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Pamela Pitman Brown, PhD, CPG, Winston-Salem State University, brownpa@wssu.edu

The Association for Gerontology in Higher Education (AGHE) recently proposed competencies for gerontology programs and is encouraging the use of competency-based education. Based upon the work of Wendt, Peterson, and Douglas the competencies include three levels of analysis, as well as focus on a definition of a gerontologist. Additionally, the competencies focus only on knowledge, abilities, and skills of gerontology education programs. This mini-workshop discusses how stakeholders in one undergraduate AGHE Program of Merit are transforming their curriculum, including a continuance of meeting Program of Merit standards, complying with State/University directives, and inclusion of AGHE competencies. A reorientation of the curricula to fit with the programmatic outcomes includes realignment of course objectives, student learning outcomes, and alignment of course materials. A discussion will include how the shift in higher education focuses on more learner-centric modes of delivery, a focus on efficiency of delivery, and gerontology employers' understanding of graduates' competencies, skills, and achievements.

75. National policies affecting family caregivers of persons with Alzheimer's disease: Streetwise strategies for advocacy

Jodi Teitelman, PhD, Virginia Commonwealth University, Department of Occupational Therapy, jlteitel@vcu.edu

This fifth annual workshop will address the most recent legislative trends impacting older adults with neurocognitive disorders, such as Alzheimer's disease, and their family caregivers. The session will begin with a presentation of the latest demographic and care cost figures for this population. Relevant national policy updates, including laws and regulations related to the Medicare program, Affordable Care Act, National Alzheimer's Project Act, Lifespan Respite Act, and Older Americans Act Reauthorization will be reviewed. Pending national bills and appropriate advocacy strategies will be discussed. Finally, participants will discuss how either national or state-level policies are positively or negatively

impacting their ability to support people with Alzheimer's disease and their families. The session will conclude with information exchange and problem-solving around such program successes and challenges.

76. Advance care planning across the lifespan: Exploring the classroom and community context

*Kelly Niles-Yokum, PhD, University of La Verne;
Donna L. Wagner, PhD, New Mexico State University*

According to the International Society of Advance Care Planning and End of Life Care, the process of advance care planning (ACP) involves a variety of individuals and processes with goals related to enhancing understanding about planning for end of life (EOL) care. Educators play a critical role in the front end of this process and particularly those educators with an opportunity to introduce ACP and EOL topics in their classroom. Similarly, employers have an opportunity to bring this important issue to their workplace. Opportunities also exist in partnerships that are created among organizations to address ACP including higher education and the community. This workshop will provide information about bringing ACP to your classroom/workplace in a way that is inclusive of lifespan issues, the collaborative process, and the community context. We will discuss why ACP and EOL issues tend to be considered taboo topics, how to overcome barriers, and embrace opportunities. Attendees will leave with tools and resources to bring back to use in their own classrooms and workplaces.

77. Successful mobility in two rural Virginia communities

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Transportation is a challenge in most communities, especially rural communities. Funding and resources are often scarce despite the need for transportation to medical appointments, congregational meal sights, grocery shopping, and social activities for older citizens. In this program we will share two very different, but successful, senior transportation models including Bedford County's volunteer transportation system and Danville City's system. We will discuss the challenges, funding options, and resources as well as volunteer management strategies for a volunteer run program.

78. Creating meaning through sensory: Exploring the bird tales process

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Considerable research reveals that multisensory programs are beneficial for people living in nursing homes. There has also been a growing body of research that suggests nature can positively impact well-being. The focus of this presentation is on a multisensory program, Bird Tales. As developed by R. Griffin and K. Elkins, the intent of Bird Tales is to connect people to nature and encourage social interaction. Bird Tales is an innovative way to encourage meaningful interactions through nature; possible impacts of Bird Tales on well-being for people living in nursing homes are promising, but have previously not been evaluated. This presentation will specifically focus on the process of implementing Bird Tales that extends beyond the initial work put forth by program developers. The objectives of this workshop is to provide (1) an opportunity to learn about an innovative program; (2) an understanding of what Bird Tales is, how it was developed, and how it was implemented; (3) an understanding of how Bird Tales can be used as a tool to foster community engagement; (4) a sense of how a community, organization, or individual can start Bird Tales.

79. Communication: Dementia-understanding unmet needs (ADRD Track)

Priscilla Pittman, MSW, MA, Alzheimer's Arkansas Programs & Services, priscilla.pittman@alzark.org

The commitment made to provide care to a person with dementia requires a great deal of selflessness. Caregivers willing to take this journey must put aside much of their own life. The world of dementia is landscaped with numerous foreign terms, changing moods, challenging behaviors and unusual communication. Often, seeing and hearing about the disease creates an understanding that softens or monitors response. This presentation looks at some of the changes possibly taking place in the brain and how these changes result in the differences occurring. Attendees will learn that speaking the language of dementia requires setting aside the desire for correctness, reality, and logical reasoning to shape a reply in a manner that comforts or communicates concern. In addition, caregivers will learn to utilize the

sacred skills of distraction, redirection, reminiscing and flexibility to stymie arguments or corrections to remarks.

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