



SGS 43rd Annual Meeting & Conference

THE NEW NORMAL:
Mastering the Challenges of Aging
with Dignity and Style

APRIL 5 - 9, 2022

BOOK OF ABSTRACTS

Sheraton Panama City Beach Golf & Spa Resort
Panama City Beach, Florida

Table of Contents

A holistic healthy lifestyle profile among older adults participated in three aging-in-community programs	1
<u>Prof. Su-I Hou</u> ¹	
<i>1. School of Global Health Management & Informatics, University of Central Florida, Orlando, FL</i>	
A Recipe to Build a Pedagogy to Not Only Meet Student Learning Outcomes BUT to Create a Passion	2
<u>Dr. Stacy Lee</u> ¹	
<i>1. University of North Alabama</i>	
A Sisterhood of Shared Values, Faith, and Friendship: Insights from Interviews with Diverse Older Women	3
<u>Dr. Pamela B. Teaster</u> ¹ , <u>Dr. E. Carlisle Shealy</u> ¹ , <u>Ms. Khushbu Patel</u> ²	
<i>1. Center for Gerontology, Virginia Tech, 2. Virginia Tech</i>	
A systematic review on the relationship between a country's level of development to the nutritional status and functional capacity in older adults	4
<u>Ms. Sara Zellers</u> ¹ , <u>Ms. Kanwal Qureshi</u> ² , <u>Dr. Mixon Ware</u> ³	
<i>1. U.S. Department of Veterans Affairs and Concordia University Chicago, 2. VCare Medical and Dental Center, 3. Concordia University Chicago</i>	
A Tale of Two Lowcountries: Isolation and Community during the Pandemic	5
<u>Dr. Summer Roberts</u> ¹ , <u>Dr. Cindy Lahar</u> ¹ , <u>Dr. Jayne Violette</u> ¹ , <u>Dr. Diana Reindl</u> ¹ , <u>Dr. Angela Nadeau</u> ¹	
<i>1. University of South Carolina Beaufort</i>	
ACAP (Adult Children of Aging Parents): Community-Impact Education and Support Model for Formal & Informal Caregivers	6
<u>Ms. Frances Hall</u> ¹ , <u>Dr. Althea Taylor Jones</u> ² , <u>Ms. Elizabeth ("Beth") Brandes</u> ³ , <u>Mr. Mark Hensley</u> ⁴	
<i>1. Founder and Executive Director, ACAPcommunity, 2. President, Southern Gerontological Society, 3. Organizational Consultant, 4. Associate State Director, AARP NC</i>	
Adapting mental health care during the COVID-19 pandemic: Veteran and caregiver perspectives on telephone therapy and support groups	7
<u>Dr. Nathaniel Andrew</u> ¹ , <u>Dr. Hannah Ottmar</u> ² , <u>Dr. Katherine Luci</u> ³ , <u>Dr. Lauren Hagemann</u> ³ , <u>Ms. Cynthia Jarmul</u> ³	
<i>1. Hampton VA Medical Center, 2. Iowa City VA Health Care System, 3. Salem VA Medical Center</i>	
Advocacy for and by Older Adults: A Tribute to Dr. Kathryn Hyer	8
<u>Dr. Kallol Kumar Bhattacharyya</u> ¹ , <u>Dr. Debra Dobbs</u> ¹ , <u>Dr. Lindsay Peterson</u> ¹	
<i>1. University of South Florida</i>	
Advocating for a non-financial retirement plan for older adults	9
<u>Dr. Andrea Jennings</u> ¹	
<i>1. Northeast VA Medical Center</i>	

African American Professional and Managerial Women’s Journeys Through Caregiving for Elderly Parents	10
<u>Dr. Claudia Thorne</u> ¹	
<i>1. Coppin State University</i>	
AgeTech 101: How Innovation Can Improve the Way We Age	11
<u>Ms. Grace Andruszkiewicz</u> ¹	
<i>1. Intuition Robotics</i>	
Aligning Outdoor Environments with the Preferences of Older Adult Dog Walkers	12
<u>Dr. E. Carlisle Shealy</u> ¹ , <u>Dr. Pamela B. Teaster</u> ¹ , <u>Dr. Annie R. Pearce</u> ²	
<i>1. Center for gerontology Virginia Tech, 2. Virginia Tech</i>	
All Careers are Careers in Aging: The Relaunch of a Comprehensive Website	13
<u>Dr. Cynthia Hancock</u> ¹ , <u>Dr. Tina Newsham</u> ² , <u>Ms. Kaylah Jenkins</u> ³	
<i>1. Gerontology Program, UNC Charlotte, 2. Gerontology Program, UNC Wilmington, 3. UNC Charlotte</i>	
All Mouths Matter: Are you Treating Your Patients Equal – Moving Beyond Race to Sexuality and Gender in the aging adult	14
<u>Mrs. Sonya Dunbar</u> ¹	
<i>1. The Geriatric Toothfairy LLC</i>	
Amplifying the Voice of People Living with Dementia Through the Co-Creation of Research	15
<u>Dr. Melissa Harris</u> ¹	
<i>1. Duke University</i>	
An Assessment of Virtual Reality Use Among Older Adults	16
<u>Dr. Julie A. Brown</u> ¹	
<i>1. Ohio University</i>	
Area Deprivation Index Effects on Objective and Subjective Reports of Physical Health	17
<u>Ms. Alexa C. Allan</u> ¹ , <u>Dr. Alyssa A. Gamaldo</u> ¹ , <u>Dr. Regina S. Wright</u> ² , <u>Dr. Adrienne T. Aiken-Morgan</u> ³ , <u>Dr. Anna K. Lee</u> ⁴ , <u>Dr. Jason C. Allaire</u> ⁵ , <u>Dr. Roland J. Thorpe, Jr.</u> ⁶ , <u>Dr. Keith E. Whitfield</u> ⁷	
<i>1. The Pennsylvania State University, 2. University of Delaware, 3. University of North Carolina at Chapel Hill, 4. North Carolina Agricultural and Technical State University, 5. North Carolina State University, 6. Johns Hopkins Bloomberg School of Public Health, 7. University of Nevada, Las Vegas</i>	
Attachment to Home and Community in Rural Older African Americans in Mississippi	18
<u>Dr. Carolyn Adams-Price</u> ¹ , <u>Ms. Sarah Israel</u> ¹	
<i>1. Mississippi State University</i>	
Care workers: From invisible ‘monsters’ to essential Help in response to COVID-19	19
<u>Dr. Louise Oldridge</u> ¹ , <u>Dr. Cassie Brummitt</u> ²	
<i>1. Nottingham Trent University, 2. University of Nottingham</i>	
Caregiving Beyond COVID-19: How National and Local Programs are Advancing Their Efforts to Support Caregivers	20
<u>Dr. Christine Jensen</u> ¹ , <u>Dr. Jodi Teitelman</u> ² , <u>Dr. Ethlyn McQueen-Gibson</u> ³	
<i>1. Riverside Center for Excellence in Aging & Lifelong Health, 2. Virginia Commonwealth University, 3. Hampton University</i>	

Challenges Recognizing and Responding to Abuse in Later Life: Insights from Frontline Personnel	21
<u>Dr. Sarah A. Marrs</u> ¹ , Ms. Courtney O'Hara ¹ , Ms. Miranda Yelvington ¹ , Ms. Deijah Patterson ¹ , Ms. Annie Rhodes ¹ <i>1. Virginia Commonwealth University</i>	
Cognitive Health Disparities in West Virginia	22
<u>Ms. Amber Rusch</u> ¹ , Mr. Keshawn Carter ¹ , Dr. Julie Hicks Patrick ¹ <i>1. West Virginia University</i>	
Cognitive reserve as predictor of successful aging	23
<u>Dr. Neyda Ma. Mendoza Ruvalcaba</u> ¹ , Dr. Elva Dolores Arias-Merino ¹ , Dr. Maria Elena Flores-Villavicencio ¹ , Dr. Melina Rodríguez-Díaz ¹ , Dr. Martha Elena Vázquez-Arias ¹ <i>1. Universidad de Guadalajara</i>	
Cohort Analysis of Occupational Therapy Students' Knowledge of Aging for Four Graduating Classes	24
<u>Dr. LaVona Traywick</u> ¹ , Dr. Brittany Saviers ² , Dr. Terry Griffin ³ , <u>Dr. Teresa Brown</u> ¹ <i>1. Arkansas Colleges of Health Education, 2. University of Central Arkansas, 3. Kansas State University</i>	
Collective Trauma and COVID 19: Supporting the direct care workforce	25
<u>Dr. Jennifer Morgan</u> ¹ , <u>Mr. Waqar Ahmad</u> ¹ , <u>Ms. Yun-zih Chen</u> ¹ , <u>Ms. Kim McRae</u> ² , <u>Dr. Leigh-Anne Royster</u> ³ , Dr. Elisabeth Burgess ¹ <i>1. Georgia State University, 2. Culture Change Network of Georgia, 3. Duke University</i>	
Connecting Generations through Transdisciplinary Collaborations	26
<u>Dr. Jennifer Zorotovich</u> ¹ , <u>Dr. Thomas Sweeney</u> ¹ <i>1. Georgia Southern University</i>	
Contact Frequency, Social Media Use and Social Isolation Among Older Adults in the Southeastern U.S. During COVID19: Opportunities for Intervention	27
<u>Dr. Cassandra M. Germain</u> ¹ <i>1. North Carolina Agricultural and Technical State University</i>	
COVID Companions: An Intergenerational Attempt to Curb Loneliness During the Pandemic	28
<u>Ms. Kathryn Ratliff</u> ¹ , Dr. Pamela B. Teaster ¹ <i>1. Center for Gerontology, Virginia Tech</i>	
COVID-19 In Long Term Care Hospital Patients with Dementia: A Case-Control Study in Texas	29
<u>Mr. Cheng Yin</u> ¹ , Prof. Liam O'Neill ¹ , <u>Prof. Kendall Brune</u> ² , <u>Ms. Rong-Fang Zhan</u> ¹ <i>1. University of North Texas, 2. Meharry Medical College</i>	
Creating Age-Friendly Nursing Homes: The Time is Now	30
<u>Dr. Kallol Kumar Bhattacharyya</u> ¹ , Dr. Victor Molinari ¹ , Dr. Kathy Black ¹ , Dr. Susan Whitbourne ² <i>1. University of South Florida, 2. University of Massachusetts Boston</i>	
Creative Aging and Art Education: Supporting Lifelong Learning through Art	31
<u>Dr. Melanie Davenport</u> ¹ <i>1. Georgia State University</i>	

Culture- and Ethnicity-Specific Caregiver Resource Guides for Immigrant Caregivers Working with Persons with Dementia	32
<u>Dr. Meredith Troutman-Jordan</u> ¹	
<i>1. UNC Charlotte</i>	
Depression Screening in Primary Care Setting	33
<u>Ms. Fatmata Bah</u> ¹	
<i>1. University of Maryland, Baltimore County</i>	
Does the church care? Assessment of social support strategies on the health and wellbeing of elderly people in the Tema Metropolitan Assembly-Ghana.	34
<u>Mr. Alfred Boakye</u> ¹ , <u>Mrs. Henrietta Armah</u> ²	
<i>1. University of Ghana, 2. University of Alabama at Birmingham</i>	
Early Planning Recommendations for Aging in Place	35
<u>Mr. Adam Reres</u> ¹ , <u>Prof. Su-I Hou</u> ²	
<i>1. University of Central Florida, 2. School of Global Health Management & Informatics, University of Central Florida, Orlando, FL</i>	
Educating Healthcare Providers on Substance Use Disorder in Older Adults	36
<u>Dr. Marissa Mackiewicz</u> ¹ , <u>Dr. Patricia Slattum</u> ¹ , <u>Dr. Leland H. Waters</u> ¹	
<i>1. Virginia Commonwealth University</i>	
Effects of COVID-19 on existing issues experienced by older adults living in southeast United States: Responses from the SGS Survey 2.0	37
<u>Dr. Kyle Bower</u> ¹ , <u>Ms. Karen Appert</u> ² , <u>Ms. Lee Ann Ferguson</u> ³ , <u>Dr. Abby Schwartz</u> ⁴ , <u>Dr. Graham Rowles</u> ⁵ , <u>Ms. Yun-Zih Chen</u> ⁶ , <u>Mrs. Amanda James</u> ⁷	
<i>1. Cardinal Direction, 2. Appert Marketing Group, 3. Concordia University, 4. East Carolina University, 5. University of Kentucky, 6. Georgia State University, 7. Southern Gerontological Society</i>	
Effects of Leisure Activities on Memory Functioning of Older Americans	38
<u>Dr. Ayse Malatyali</u> ¹ , <u>Dr. Lisa Wiese</u> ²	
<i>1. Texas A & M University, 2. C.E. Lynn College of Nursing, Florida Atlantic University</i>	
Efficacy of Cognitive Training Interventions in Older Adults	39
<u>Dr. Ayse Malatyali</u> ¹ , <u>Dr. Lisa Wiese</u> ² , <u>Dr. Zahra Rahemi</u> ³	
<i>1. Texas A & M University College of Nursing & Health Sciences, 2. C.E. Lynn College of Nursing, Florida Atlantic University, 3. Clemson University</i>	
Emotional Intelligence and Everyday Problem-Solving in Late Life	40
<u>Ms. Polina Ermoshkina</u> ¹ , <u>Dr. Eva Kahana</u> ²	
<i>1. Case Western Reserve University, Department of Sociology, 2. Distinguished University Professor, Department of Sociology, Case Western Reserve University</i>	
End-of-Life Care Planning Model for Diverse Older Adults	41
<u>Dr. Zahra Rahemi</u> ¹ , <u>Dr. Lisa Wiese</u> ² , <u>Dr. Ayse Malatyali</u> ³	
<i>1. Clemson University, 2. C.E. Lynn College of Nursing, Florida Atlantic University, 3. Texas A&M University</i>	

Engaging an Americorps Experience to Guide Undergraduates Studying Adulthood and Aging in a Translational Research Project	42
<u>Ms. Emily Beam</u> ¹ , Mr. Thomas Shaffer ¹ , Dr. Kelly Munly ¹	
<i>1. Penn State Altoona</i>	
Engaging and Supporting Community Hospice Providers in Managing Mental Health Needs of Veterans at End-of-Life	43
<u>Dr. Deanna Dragan</u> ¹ , Dr. Lauren Hagemann ¹	
<i>1. Salem VA Medical Center</i>	
Enhancing the Professional Skillset of Aging Health and Social Service Providers through Local Community Education	44
<u>Dr. Diane Martin</u> ¹ , Ms. Min Park ¹ , Ms. Meredith Hochman ² , Ms. Pamela Allen ³ , Mrs. Joy Taylor ⁴	
<i>1. University of Maryland, Baltimore, 2. Central Maryland Area Health Education Center, 3. Eastern Shore Area Health Education Center, 4. Area Health Education Center West</i>	
Envisioning the Rhetoric of Interdependence in Gerontological Spaces	45
<u>Dr. Cynthia Hancock</u> ¹ , <u>Ms. Liza Tindall</u> ² , Dr. Margaret Quinlan ³	
<i>1. UNC Charlotte Gerontology Program, 2. UNC Charlotte, 3. UNC Charlotte, Department of Communication Studies</i>	
Ethical Issues in Design: Considerations in Residential Dementia Care	46
<u>Ms. Kelly O’Sullivan</u> ¹	
<i>1. Barton College Gerontology Program</i>	
Evidence-Based QI Projects: A Solution to Early Detection of Cognitive Impairment in the Aging Minority Community	47
<u>Dr. Tracy McClinton</u> ¹	
<i>1. University of Tennessee Health Science Center</i>	
Exercise is a Protective Factor for Motor and Cognitive Function in Early-Stage Parkinson’s Disease	48
<u>Ms. Isabel Soto</u> ¹ , Dr. Vicki Nejtsek ¹ , Ms. Kirby Doshier ¹ , Dr. Michael Salvatore ¹	
<i>1. UNTHSC</i>	
Eyes Open: Recognizing growing opportunities of the longevity economy	49
<u>Dr. Janice Wassel</u> ¹ , Ms. Lauren Price ²	
<i>1. University of Maryland, 2. University of Maryland Baltimore County</i>	
Feasibility and Initial Effect of a Collegiate Interprofessional Intervention on Outcomes for People with Dementia in the Community and Their Caregivers	50
<u>Dr. Kerry Jordan</u> ¹ , Dr. Michael Gallagher ¹ , Ms. Richelle Weese ¹ , Ms. Emily McIndoe ¹ , Mr. Robert Hogue ¹ , Ms. Suzette Marks ²	
<i>1. University of Central Arkansas, 2. Conway Regional Health System</i>	
Fostering Resilience in Late Adulthood	51
<u>Ms. Caroline Brown</u> ¹ , <u>Ms. Harmonie Hill</u> ¹	
<i>1. Samford University</i>	

Generation to Generation Project: Pairing Students With Older Adult Mentors During the COVID-19 Pandemic	52
<u>Dr. Jeffrey Lentz</u> ¹	
<i>1. University of North Georgia</i>	
Gerontologists are from Venus, Computer Scientists are from Mars	53
<u>Dr. Dana Bradley</u> ¹ , <u>Dr. Taskin Padir</u> ²	
<i>1. UMBC Erickson School of Aging Studies US, 2. Northeastern University</i>	
Get the Secret Sauce to Dementia & Dining	54
<u>Mrs. Toni Fisk</u> ¹	
<i>1. DinnerWEARhc, Inc.</i>	
GETTING CONNECTED: Experiential dementia skills training	55
<u>Mrs. Marion Kyner</u> ¹ , <u>Prof. Kimberly Little</u> ¹	
<i>1. Longwood University</i>	
Granny and PawPaw clever Pinterest boards	56
<u>Ms. Jessica McCarty</u> ¹	
<i>1. University of South Alabama</i>	
Grassroots efforts to a Multi-year Advocacy Road map to address NC's Direct Care Workforce Crisis	57
<u>Dr. Sandi Lane</u> ¹ , <u>Mr. Ted Goins Jr.</u> ² , <u>Mr. Adam Scholar</u> ³ , <u>Ms. Heather Burkhardt</u> ⁴ , <u>Mr. Bill Lamb</u> ⁵	
<i>1. Appalachian State University, 2. Lutheran Services of the Carolinas, 3. North Carolina Health Care Facilities Association, 4. North Carolina Coalition on Aging, 5. Friends of Residents in LTC</i>	
Have a Blast Writing your Lit Review - Without Killing a Forest, or Having your Brain Explode.	58
<u>Prof. Elizabeth Tait</u> ¹	
<i>1. Western Carolina University</i>	
Healthcare providers knowledge and perceived role in prevention and management of pressure Injuries in skilled nursing facilities	59
<u>Dr. Shilpa Krishnan</u> ¹ , <u>Dr. Grace Couture</u> ¹ , <u>Dr. Mahender Mandala</u> ²	
<i>1. Emory University, 2. Georgia Tech</i>	
Healthy Aging Education: A Comprehensive Approach to Reaching Older Adults	60
<u>Mrs. Kathy Tutt</u> ¹ , <u>Ms. Lorrissa Dunfee</u> ¹	
<i>1. Ohio State University Extension</i>	
Honoring indigenous identity and resilience among refugee older adults: an analysis of social media representation in the Montagnard community of North Carolina	61
<u>Dr. Sudha Shreeniwas</u> ¹ , <u>Dr. Sharon Morrison</u> ¹ , <u>Mr. Saif Al Amin</u> ¹ , <u>Mx. Imani Mitchell</u> ¹	
<i>1. University of North Carolina at Greensboro</i>	
Implementing Story Theory as a Culturally Responsive Research Method to Navigate the "New Normal"	62
<u>Dr. Lisa Wiese</u> ¹ , <u>Dr. Ishan Williams</u> ²	
<i>1. C.E. Lynn College of Nursing, Florida Atlantic University, 2. University of Virginia</i>	

Implications of Custodial Grandparenting: A Strengths-Based Approach to Examining Caregiver Well-Being	63
<u>Dr. Sarah Rakes</u> ¹	
1. <i>Radford University</i>	
Incorporating the 4Ms to Improve Patient Care: Integrated Memory Care Clinic’s Journey to Become an Age-Friendly Health System	64
<u>Mrs. Laura Medders</u> ¹ , <u>Dr. Carolyn Clevenger</u> ¹	
1. <i>Emory University</i>	
Interests and willing-to-pay for “village-style” aging in community model – comparing older adults participated in the neighborhood lunch program (NLP) and lifelong learning program (LLP)	65
<u>Prof. Su-I Hou</u> ¹	
1. <i>School of Global Health Management & Informatics, University of Central Florida, Orlando, FL</i>	
Intergenerational Interactions: Cultivating Learning Activities to Cross Bridges	66
<u>Ms. May Frances Johnson</u> ¹	
1. <i>University of Central Oklahoma</i>	
Intergenerational Service-Learning Experiences in Event Management Undergraduates Involved in Pickleball	67
<u>Dr. Jungsu Ryu</u> ¹ , <u>Dr. Jinmoo Heo</u> ²	
1. <i>Marshall University</i> , 2. <i>Yonsei University</i>	
Is Sexuality Important Within Our Whole Lives?	68
<u>Dr. Barbara “Suzy” Diggle-Fox</u> ¹ , <u>Dr. Susan Glose</u> ¹	
1. <i>UNCW</i>	
Male informal non-spousal caregivers for persons with dementia: A neglected viewpoint	69
<u>Mrs. Gretchen Tucker</u> ¹	
1. <i>University of Maryland, Baltimore</i>	
Mastering the Challenges of Aging in the Workplace: Intersectionality in Netflix’s “The Chair”	70
<u>Dr. Jaye Atkinson</u> ¹	
1. <i>Georgia State University</i>	
Medication Reconciliation Perfection	71
<u>Mr. Gibson Erhunmwunse</u> ¹ , <u>Dr. Elaine Bundy</u> ²	
1. <i>University of Maryland</i> , 2. <i>University of Maryland, Baltimore</i>	
Memory-Related Limitations and Care Needs of Gender Minority BIPOC Adults	72
<u>Dr. Ethan Cicero</u> ¹ , <u>Dr. Jason Flatt</u> ²	
1. <i>Emory University</i> , 2. <i>University of Nevada, Las Vegas</i>	
Mental Health & Mental Illness: An Educational Program for Older individuals	73
<u>Ms. Kaylee Price</u> ¹ , <u>Dr. Tina Newsham</u> ¹ , <u>Mrs. Elizabeth Fugate-Whitlock</u> ² , <u>Ms. Melannie Pate</u> ²	
1. <i>Gerontology Program, UNC Wilmington</i> , 2. <i>University of North Carolina Wilmington</i>	

Minority Stress and Disability among Sexual Minority Adults	74
<u>Dr. Jeffrey Lentz</u> ¹	
<i>1. University of North Georgia</i>	
Motivation to Learn, Multilingualism, Literacy, Numeracy and Digital Skills across the Adult Life Stages in the U.S.	75
<u>Ms. Shalini Sahoo</u> ¹ , <u>Dr. Takashi Yamashita</u> ² , <u>Dr. Roberto Millar</u> ³ , <u>Dr. Phyllis Cummins</u> ⁴	
<i>1. University of Maryland, Baltimore, 2. University of Maryland, Baltimore County, 3. The Hilltop Institute, 4. Miami University</i>	
Moving Past Emergency Responses: Care as Essential Infrastructure	76
<u>Dr. Cindy Cain</u> ¹	
<i>1. University of Alabama at Birmingham</i>	
Navigating Tradition and Innovation in a Fire Department and Social Work Partnership	77
<u>Prof. April Wilson</u> ¹ , <u>Ms. Tamarah Taylor</u> ² , <u>Mr. Skyler Phillips</u> ³ , <u>Ms. Laurel Desmarais</u> ⁴	
<i>1. University of Tennessee at Chattanooga, 2. University of Tennessee at Chattanooga, 3. Chattanooga Fire Department</i>	
Nursing Home Resident Councils: Supporting Development of Self-Advocacy Among Nursing Home Residents	78
<u>Dr. Willa Casstevens</u> ¹ , <u>Dr. Kim Stansbury</u> ²	
<i>1. Buena Vista University, 2. North Carolina State University</i>	
Nursing Home Sustainability: A Follow-Up Panel Study of Controlling Covid-19 Infections	79
<u>Mr. Cheng Yin</u> ¹ , <u>Ms. Rong-Fang Zhan</u> ¹ , <u>Prof. Liam O'Neill</u> ¹	
<i>1. University of North Texas</i>	
Pandemic Positives	80
<u>Dr. Adrienne Cohen</u> ¹	
<i>1. Georgia Southern University</i>	
Passing the Torch: Modeling the Teaching of Interprofessional Geriatrics	81
<u>Ms. Kimberly D. Davis</u> ¹ , <u>Dr. Constance Coogle</u> ¹ , <u>Dr. Sarah A. Marrs</u> ¹ , <u>Dr. Ishan C. Williams</u> ² , <u>Dr. Kristin Zimmerman</u> ¹ , <u>Dr. Pamela Parsons</u> ¹ , <u>Dr. Patricia Slattum</u> ¹ , <u>Dr. Edward F. Ansello</u> ¹ , <u>Dr. Leland H. Waters</u> ¹	
<i>1. Virginia Commonwealth University, 2. University of Virginia</i>	
Perceived Stress and Rumination: A Review of Baseline Data for the Practice of Acceptance, Awareness, and Compassion in Caregiving (PAACC) Study	82
<u>Dr. Lauren Hagemann</u> ¹ , <u>Dr. Katherine Luci</u> ¹ , <u>Dr. Mamta Sapra</u> ² , <u>Dr. Tina Savla</u> ³	
<i>1. Salem VA Medical Center, 2. Salem VA, 3. Center for gerontology Virginia Tech</i>	
Physical Activity and Aging: Exploring Motivations of Masters Swimmers	83
<u>Ms. Susan Brilliant</u> ¹ , <u>Dr. Maria Claver</u> ¹ , <u>Ms. Patti LaPlace</u> ¹ , <u>Ms. Cynthia Schlesinger</u> ¹	
<i>1. California State University Long Beach</i>	
Place Matters: Understanding the Spatial Relationships of African American Churches Committed to Supporting Families Facing Dementia	84
<u>Mr. Augustine Cassis Obeng Boateng</u> ¹ , <u>Ms. Mia Chester</u> ² , <u>Ms. Janelle Gore</u> ³ , <u>Dr. Fayron Epps</u> ³	
<i>1. University of Pennsylvania School of nursing, 2. Georgia State University, 3. Emory University</i>	

Predictors of Telemedicine Adoption Among Older Adults	85
<u>Ms. Cherrie Park</u> ¹ , <u>Ms. Soobin Park</u> ²	
<i>1. The Ohio State University, 2. Washington University in St. Louis</i>	
Public Health Considerations for Cultural Adaptations in Dementia Caregiving Support	86
<u>Dr. Lauren Parker</u> ¹ , <u>Dr. Fayron Epps</u> ² , <u>Mr. Jason Resendez</u> ³ , <u>Mr. Ocean Le</u> ⁴ , <u>Dr. Joseph Gaugler</u> ⁵ , <u>Dr. Ishan Williams</u> ⁶	
<i>1. Johns Hopkins Bloomberg School of Public Health, 2. Emory University, 3. UsAgainstAlzheimer's, 4. Diverse Elders Coalition, 5. University of Minnesota, 6. University of Virginia</i>	
Relationship Quality, Loneliness and Social Isolation Among Older Adults During COVID19	87
<u>Ms. Jaylah James</u> ¹ , <u>Dr. Cassandra M. Germain</u> ²	
<i>1. North Carolina A&T State University, 2. North Carolina Agricultural and Technical State University</i>	
Reminiscence Intervention: Stress Risk Reduction for People Living with Dementia in a Smart Home	88
<u>Dr. Lisa Fournier</u> ¹	
<i>1. Texas State University</i>	
Representation Matters: Centering equity through culturally relevant recruitment strategies	89
<u>Dr. Ishan Williams</u> ¹ , <u>Dr. Lisa Wiese</u> ²	
<i>1. University of Virginia, 2. C.E. Lynn College of Nursing, Florida Atlantic University</i>	
Senior Center Directors' Perspectives on Casino Gambling	90
<u>Dr. Kim Stansbury</u> ¹ , <u>Dr. Gillian Marshall</u> ² , <u>Mrs. Che Logan</u> ³	
<i>1. North Carolina State University, 2. University of Washington, 3. Liberty University</i>	
Silver Collar Crimes: What Our Aging Community Needs to Know Right Now	91
<u>Mr. Anthony Palmieri</u> ¹	
<i>1. Clerk of the Circuit Court & Comptroller for Palm Beach County</i>	
State Policies Concerning Disaster Preparedness for Home and Community-Based Service Providers	92
<u>Dr. Lindsay Peterson</u> ¹	
<i>1. University of South Florida</i>	
Strategies for engaging with African American faith communities in research	93
<u>Dr. Fayron Epps</u> ¹ , <u>Ms. Mia Chester</u> ² , <u>Ms. Janelle Gore</u> ¹ , <u>Dr. Miranda Moore</u> ¹	
<i>1. Emory University, 2. Georgia State University</i>	
Strategies to Engaging Black Caregivers of a Person Living with Dementia in Faith-Based Research	94
<u>Ms. Mayra Sainz</u> ¹ , <u>Ms. Janelle Gore</u> ¹ , <u>Ms. Taylor James</u> ¹ , <u>Dr. Fayron Epps</u> ¹	
<i>1. Emory University</i>	
Student Clinical Self-Confidence Surveys Support the Inclusion of Geriatric Training in Oral Health Care Provider Program Curriculum	95
<u>Dr. Patricia Bonwell</u> ¹ , <u>Dr. Sarah A. Marrs</u> ¹ , <u>Ms. Maddie McIntyre</u> ¹	
<i>1. Virginia Commonwealth University</i>	

Supporting “Sacred Selves” of People with Dementia	96
<u>Dr. Cindy Cain</u> ¹	
<i>1. University of Alabama at Birmingham</i>	
Teaching Mindfulness Across Generations: A Case Study	97
<u>Dr. Mary Ann Erickson</u> ¹	
<i>1. Ithaca College</i>	
Telehealth in the Era of COVID-19: Age Differences in Virtual Healthcare Use	98
<u>Prof. William Hills</u> ¹ , <u>Prof. Matthew Murphy</u> ¹ , <u>Ms. Karen Hills</u> ²	
<i>1. Coastal Carolina University, 2. Beaufort Jasper Hampton Comprehensive Health Services, Ridgeland, SC</i>	
The Association Between Dementia, Polypharmacy, and Returns to the Hospital in Patients 75 and Older	99
<u>Mr. Ryan Saffer</u> ¹ , <u>Dr. Gabriella Engstrom</u> ¹ , <u>Dr. Bernardo Reyes</u> ¹ , <u>Dr. Joseph Ouslander</u> ¹	
<i>1. Florida Atlantic University College of Medicine</i>	
The Association Between Do-Not-Resuscitate (DNR) Status and Hospital Return Rates in Hospitalized Patients 75 and Older	100
<u>Ms. Yousra Gheit</u> ¹ , <u>Dr. Gabriella Engstrom</u> ¹ , <u>Dr. Joseph Ouslander</u> ¹ , <u>Dr. Bernardo Reyes</u> ¹	
<i>1. Florida Atlantic University College of Medicine</i>	
The Call2Care Program: College Students’ and Older Adults’ Experiences of Participating in a Phone Reassurance Program during COVID-19	101
<u>Dr. Jennifer Zorotovich</u> ¹ , <u>Dr. Adrienne Cohen</u> ¹ , <u>Ms. Deb Blackburn</u> ¹	
<i>1. Georgia Southern University</i>	
The Changes of Social Relations after Disasters	102
<u>Dr. Hosik Min</u> ¹ , <u>Dr. Roma Hanks</u> ² , <u>Dr. Denise Lewis</u> ³	
<i>1. University of South Alabama, 2. University of South, 3. university of georgia</i>	
The effects of age in response to pain with low level laser therapy treatment; a pilot study	103
<u>Dr. Daniel Curtis</u> ¹ , <u>Dr. Alex Habegger</u> ¹ , <u>Dr. LaVona Traywick</u> ¹ , <u>Dr. Reed Handlery</u> ¹ , <u>Dr. Dawn James</u> ¹ , <u>Dr. Alexis Kendrick</u> ¹ , <u>Dr. Tony Varela</u> ¹ , <u>Dr. Teressa Brown</u> ¹	
<i>1. Arkansas Colleges of Health Education</i>	
The impact of resident participation in daily facility activities on weight loss, decubitus ulcers, ADL function, and depression in nursing homes.	104
<u>Mrs. Anne Richardson</u> ¹ , <u>Dr. Sandi Lane</u> ¹ , <u>Dr. Paul Moore</u> ¹	
<i>1. Appalachian State University</i>	
The Influence of Hindu Philosophy on End-of-Life Care and Preferences Among Indian Americans	105
<u>Ms. Divya Sriram</u> ¹ , <u>Dr. Jessica Allen</u> ¹	
<i>1. Birmingham-Southern College</i>	
The Joy of Dementia (You Gotta Be Kidding!) - Creating a New Performance of Dementia, and life	106
<u>Ms. Mary Fridley</u> ¹	
<i>1. East Side Institute/Reimagining Dementia Coalition</i>	

The Older Adult as Surviving Surrogate End-of-Life Decision Maker: A Case Study Analysis	107
<u>Dr. Francine Sheppard</u> ¹	
<i>1. Western Carolina University</i>	
The Purple Flower Project: How Hospital Staff and Persons Living with Dementia Benefit from Dementia Training	108
<u>Dr. Christine Jensen</u> ¹ , <u>Mrs. Denise Butler</u> ² , <u>Mrs. Elisa Lemmon</u> ³	
<i>1. Riverside Center for Excellence in Aging & Lifelong Health, 2. Riverside Center for Excellence in Aging and Lifelong Health, 3. Riverside Doctors Hospital Williamsburg</i>	
The “new normal” and professional development in gerontology.	109
<u>Dr. Ed Rosenberg</u> ¹ , <u>Dr. Graham Rowles</u> ² , <u>Dr. Paula Seffens</u> ³ , <u>Dr. Althea Taylor Jones</u> ⁴ , <u>Dr. Jodi Teitelman</u> ⁵ , <u>Ms. Rebecca Slossberg</u> ⁵	
<i>1. Appalachian State University, 2. University of Kentucky, 3. University of North Georgia, 4. ACAPcommunity, 5. Virginia Commonwealth University</i>	
Toil in the Time of Turmoil: Mastering Challenges and Cultivating New Pathways	110
<u>Dr. Shannon Mathews</u> ¹	
<i>1. University of La Verne</i>	
Transgender Adults Report Greater Cognitive and Related Functional Challenges: Findings from the 2015-2019 Behavioral Risk Factor Surveillance System	111
<u>Dr. Ethan Cicero</u> ¹ , <u>Dr. Jason Flatt</u> ²	
<i>1. Emory University, 2. University of Nevada, Las Vegas</i>	
Transgender elders council: A community conversation about end of life care	112
<u>Dr. Cathy Campbell</u> ¹ , <u>Mr. Elder Johnaton Thunderword</u> ² , <u>Dr. Lisa Campbell</u> ³ , <u>Dr. Kim Acquaviva</u> ¹ , <u>Ms. Dallas Ducar</u> ⁴	
<i>1. University of Virginia, 2. Black Transmen, Inc., 3. East Carolina University, 4. Transhealth Northhampton</i>	
Turning the Intangible into Measurable Data	113
<u>Mrs. Gwentyth Johnson</u> ¹	
<i>1. Second Wind Dreams</i>	
Understanding Formal Engagement Opportunities for Assisted Living Residents with Dementia	114
<u>Ms. Jasmine Sease</u> ¹ , <u>Dr. Candace Kemp</u> ¹	
<i>1. Georgia State University</i>	
Understanding Meaningful Engagement among Persons Living with Dementia	115
<u>Dr. Candace Kemp</u> ¹ , <u>Ms. Virginia Greer Heidebreder</u> ¹ , <u>Dr. Molly Perkins</u> ² , <u>Mr. Jason Lesandrini</u> ³ , <u>Dr. Alexis Bender</u> ² , <u>Dr. Elisabeth Burgess</u> ¹ , <u>Dr. Jennifer Morgan</u> ¹ , <u>Dr. Fayron Epps</u> ²	
<i>1. Georgia State University, 2. Emory University, 3. Wellstar Health Systems</i>	
Universal Home Design-A Virtual Tool to Promote Aging In Place	116
<u>Mrs. Kathy Tutt</u> ¹ , <u>Ms. Laura Halladay</u> ¹ , <u>Ms. Laura Dillion</u> ¹	
<i>1. Ohio State University Extension</i>	

UPSLIDE Friends Connection Group: A Senior Center Program that is Reducing Social Isolation	117
<u>Ms. Melanie Lachman</u> ¹	
<i>1. Tallahassee Senior Center</i>	
Using Personal Narrative to Prevent and Intervene in the Abuse of Older People: Lifting up the Voices of Older Survivors	118
Dr. Pamela B. Teaster ¹ , <u>Dr. E. Carlisle Shealy</u> ¹	
<i>1. Center for Gerontology, Virginia Tech</i>	
Utilization of Nutritional Services by Low Income Elders in Tennessee	119
<u>Dr. Brandon Wallace</u> ¹ , Dr. Ronald Aday ¹	
<i>1. Middle Tennessee State University</i>	
Utilizing Recommended Physical Activity Guidelines for Aging with Dignity and Style	120
<u>Prof. Harold “George” Philippi Jr.</u> ¹	
<i>1. Radford University</i>	
Validation of the Chinese version of the Resident Satisfaction in Long-term Care Facilities	121
<u>Dr. XIAOLI LI</u> ¹ , Dr. Qiwei Li ² , Prof. Stan Ingman ¹	
<i>1. University of North Texas, 2. Johns Hopkins University School of Nursing.</i>	
Volunteering, Educational Attainment, and Adult Literacy Skills by Racial Groups across the Life Stages	122
<u>Ms. Donnette Narine</u> ¹ , Dr. Takashi Yamashita ¹ , Ms. Wonmai Punksungka ¹ , Ms. Abigail Helsinger ² , Dr. Jenna Kramer ³ , Dr. Rita Karam ³ , Dr. Phyllis Cummins ²	
<i>1. University of Maryland, Baltimore County, 2. Miami University, 3. RAND Corporation</i>	
What Matters Most: CNA Perspectives on Workforce Education, Professional Identity and Age Friendly Care	123
<u>Ms. Annie Rhodes</u> ¹ , Ms. Shannon Arnette ¹ , Dr. Leland H. Waters ¹	
<i>1. Virginia Commonwealth University</i>	
When Disaster Strikes	124
<u>Mr. Matt Hudson</u> ¹	
<i>1. Florida PACE Providers Association</i>	
Working with Patients Diagnosed with Alzheimer’s Disease from the Looking Glass of the Occupational Therapist & Collaborative Actions with Social Workers to Educate Patients and Families	125
<u>Ms. Annah Steadman</u> ¹ , <u>Dr. Stacy Lee</u> ¹	
<i>1. University of North Alabama</i>	
“Are we aging side by side?”: Renegotiations in late life self and roles of left-behind overseas workers’ wives	126
<u>Dr. Karel Joyce Kalaw</u> ¹	
<i>1. University of Central Oklahoma</i>	
“Forgive as you are forgiven”: Examining sacred relationships and forgiveness among older African American couples	127
<u>Dr. Antonius Skipper</u> ¹ , Dr. Andrew Rose ²	
<i>1. Georgia State University, 2. Texas Tech University</i>	

“Just Don’t Panic.” Lessons on How to Prepare for a Disaster While Caregiving for A Loved One Living with Dementia	128
<u>Dr. Debra Dobbs</u> ¹	
<i>1. University of South Florida</i>	
“We’re in this together!”: Doing duoethnography as aging scholars	129
<u>Dr. Karel Joyce Kalaw</u> ¹ , <u>Ms. May Frances Johnson</u> ¹	
<i>1. University of Central Oklahoma</i>	
“Why are they so stubborn?”: Building Student Empathy Through Simulation	130
<u>Dr. Celeste Hill</u> ¹ , <u>Dr. Charles Ford</u> ¹	
<i>1. Samford University</i>	
“You know, I swipe my card and hope for the best”: Technology and Cognition as Dual Landscapes of Change	131
<u>Dr. Kendra Heatwole Shank</u> ¹	
<i>1. Towson University</i>	

A holistic healthy lifestyle profile among older adults participated in three aging-in-community programs

Professional Poster Presentation

Prof. Su-I Hou¹

1. School of Global Health Management & Informatics, University of Central Florida, Orlando, FL

Aging-in-community (AIC) has been a preferred way to aging among many older adults. This study examines and compares five dimensions key to living a healthy lifestyle among three community-based programs promoting AIC. The five dimensions measure (FAITH, FOOD, FITNESS, FOCUS, and FRIENDS), adapted from a faith-based healthier life program, was used. Older adults from three community-based programs were studied: a university-based lifelong learning group, a county neighborhood lunch program, and a village program sample. A total of 289 older adults participated, with 38% from lifelong, 29% from neighborhood lunch, and 33% village programs. Mean age was 72.4 (SD=8.68) years. All the five dimensions of healthier life showed satisfactory reliabilities, with Cronbach's alphas ranged .79 to .89 (CITC ranged .401 ~ .830). ANOVA analyses showed significant differences on FAITH, FITNESS, and FRIENDS. Post-hoc analyses showed that participants in the lifelong learning group scored higher on FAITH, compared with lunch or village programs ($p=.001$). Village participants scored lower than lunch program participants on FITNESS ($p=.010$). Older adults from the lunch program scored higher on FRIENDS compared with the lifelong or village participants ($p=.016$). There were no statistical significant differences on FOOD or FOCUS among groups. Results showed interesting and somewhat surprising findings on the higher FRIENDS scores among the senior lunch program participants, and no significant differences on FOOD or FOCUS comparing with the other two membership-paying groups. These validated measures have implications on assessing key dimensions towards healthy aging as older adults seek to aging-in-community.

A Recipe to Build a Pedagogy to Not Only Meet Student Learning Outcomes BUT to Create a Passion

Best Practices Presentation

Dr. Stacy Lee¹

1. University of North Alabama

Over the last ten years, I have taught Gerontology for both, the Department of Social Work and Department of Sociology, creating courses that work both online and, in the classroom, - even during a pandemic! Students begin the semester by sharing their idea of what they think and consider to be “elderly,” “older adults,” and “gerontology.” By the end of the semester, students understand the needs of this unique population and barriers experienced by marginalized populations, such as persons of color and the LGBT+ population. Students complete a self-reflection during their last course and are again provided the opportunity to share their thoughts and considerations of the terms: “elderly,” “older adults,” and “gerontology.” It’s always amazing to see the insight and recognition by students of their stereotypes and myths at the beginning of the course to a better understanding. In this presentation, we will discuss tools to create meaningful discussions, how to utilize assignments to bridge the gap between learning and real-world application, and discuss potential barriers to learning with solutions. The presenter will demonstrate how to complete a biopsychosocial assessment of a client through the use of role-play and how the use of interviewing a professional provider prepares students to work with clients. Client case scenarios will be reviewed to utilize in the classroom to assist students with role-plays. Come ready to build a course that will leave students encouraged and ready to engage and practice with clients successfully!

A Sisterhood of Shared Values, Faith, and Friendship: Insights from Interviews with Diverse Older Women

Professional Paper Presentation

***Dr. Pamela B. Teaster*¹, *Dr. E. Carlisle Shealy*¹, *Ms. Khushbu Patel*²**

1. Center for Gerontology, Virginia Tech, 2. Virginia Tech

Little is known about older women who reside in rural areas and how their faith-based experiences contribute to an understanding of diversity and inclusion. This qualitative study used convenience sampling to recruit participants and conduct individual and virtual interviews with 15 members of Church Women United (CWU) a Christian women's organization headquartered in Roanoke, Virginia. Participants were asked questions regarding their professional life; church affiliation; involvement in CWU; impact CWU had on their faith; and how membership affected relationships with women of other ages, races, and ethnicities. A phenomenological approach was used to analyze the interviews. The women ranged in age from 69 to 98 with an average age of 83. Analysis revealed that the women placed immense value on their relationships with other members of CWU, which many regarded as a sisterhood. Members were of diverse races, ethnicities, and religions. The camaraderie and celebratory events of CWU gave the women an opportunity to know fellow members on a personal level while deepening their own faith. Belonging to an organization rooted in inclusion promoted the women's understanding of and appreciation for diverse viewpoints by enabling them to see each individual woman rather than seeing them through a lens of group identity.

A systematic review on the relationship between a country's level of development to the nutritional status and functional capacity in older adults

Student Poster Presentation

Ms. Sara Zellers¹, Ms. Kanwal Qureshi², Dr. Mixon Ware³

1. U.S. Department of Veterans Affairs and Concordia University Chicago, 2. VCare Medical and Dental Center, 3. Concordia University Chicago

Functional capacity is a person's ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs). A person's functional capacity correlates with their independence and quality of life and low functional capacity is known to be prevalent in those with frailty or geriatric failure to thrive. Nutritional status in older adults is known to affect their functional capacity in both ADLs and IADLs and can lead to increased morbidity, assisted living and/or nursing home admissions, and death. The purpose of this systematic review is to see if residing in a more developed country or lesser/least developed country has an impact on the relationship between nutritional status and functional capacity in older adults. PubMed, Scopus, and Academic Search Complete databases were searched using specific key words for cross-sectional and descriptive/observational single-nation studies that examined the relationship between functional capacity and nutritional status in either community dwelling or institutionalized older adults. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement was followed to assess the quality of the included articles. Studies were grouped into two categories: either those done in more developed countries (i.e., Europe, North America, Australia, New Zealand, or Japan), or those done in lesser/least developed countries (i.e., all other countries). This systematic review will confirm if a correlation exists between living in one geographic region and the relationship between nutritional status and functional capacity. However, more research needs to be conducted to understand the causation of this protection.

A Tale of Two Lowcountries: Isolation and Community during the Pandemic

Professional Paper Presentation

*Dr. Summer Roberts*¹, *Dr. Cindy Lahar*¹, *Dr. Jayne Violette*¹, *Dr. Diana Reindl*¹, *Dr. Angela Nadeau*¹

1. University of South Carolina Beaufort

Isolation and loss impacted older adults across communities throughout the COVID-19 pandemic. However, the ways one's sense of community changed during movement to (or avoidance of) Zoom meetups rather than in-person events and less frequent interactions with community members is shaped by the previously constructed meaning of community. This research examines in-depth interviews with 18 community-dwelling older adults between 68 and 86 during the summer and fall of 2021 on their experiences navigating the pandemic. These individuals represent a relatively diverse snapshot of aging, ranging from lifelong Gullah residents to white transplants moving into retirement communities. Preliminary grounded theory analysis reflects an overall sense of positivity and resilience while emerging from the pandemic (in spite of lingering questions over when that might be). As a group, these older adults were largely well-educated and from professional backgrounds, resulting in a sense of following the steps necessary to maintain one's own health as well as protect others'. Yet, the maintenance of community varied between two overarching groups, the long-term residents of the Lowcountry and individuals who came to the area later in life. For those who viewed the region as their home, especially Gullah residents, preserving community connections while staying at home meant being conscious of the ways that others across age groups still needed services and support and important volunteer commitments could be upheld. In contrast, community for newer residents became somewhat smaller, as their less entrenched roots resulted in narrower concerns.

ACAP (Adult Children of Aging Parents): Community-Impact Education and Support Model for Formal & Informal Caregivers

Panel Symposium

***Ms. Frances Hall*¹, *Dr. Althea Taylor Jones*², *Ms. Elizabeth (“Beth”) Brandes*³, *Mr. Mark Hensley*⁴**

1. Founder and Executive Director, ACAPcommunity, 2. President, Southern Gerontological Society, 3. Organizational Consultant, 4. Associate State Director, AARP NC

Using a community-based chapter model, ACAP (Adult Children of Aging Parents) provides support, resources and evidence-informed education for adult-children as they care for their aging parents and for themselves. Engaging a cadre of professionals in older-adult services as chapter leaders, speakers and organizational sponsors, in-person and online monthly educational programs, videos, podcasts, annual national symposia, annual local conferences and other resources are offered to informal and formal caregivers on an ongoing basis. In its nine years since beginning as a community-based organization, ACAP currently has 5 chapters in NC and PA and has been recognized as a meaningful community-impact organization. ACAP is growing, anticipating additional local chapters in new states and furthering its online presence. Recognizing that most adults are or will become a caregiver or need a caregiver at some point in their lives and understanding the significant toll of caregiving on individuals, families, communities and our nation, this workshop will share details about ACAP and its impact as well as information about how communities may establish a chapter.

Adapting mental health care during the COVID-19 pandemic: Veteran and caregiver perspectives on telephone therapy and support groups

Professional Paper Presentation

*Dr. Nathaniel Andrew*¹, *Dr. Hannah Ottmar*², *Dr. Katherine Luci*³, *Dr. Lauren Hagemann*³, *Ms. Cynthia Jarmul*³

1. Hampton VA Medical Center, 2. Iowa City VA Health Care System, 3. Salem VA Medical Center

Objectives: The objective of this paper is to explore Veteran and caregiver perspectives on the feasibility and acceptability of remote, non-traditional mental health treatment options delivered during the COVID-19 global pandemic. **Methods:** Veterans and caregivers participated in telephone psychotherapy and support groups facilitated by an outpatient geriatric mental health clinic at a Veterans Affairs Medical Center (VAMC). Focus groups were conducted to gather feedback on participants' perspectives about the interventions. Questions elicited perspectives on the effectiveness of the interventions, group content, satisfaction, and modality preferences. **Results:** Responses revealed many positive aspects of group participation including connecting with others and convenience. Challenges included audio problems and inability to see faces. Veterans were generally satisfied with the telephone groups despite a preference for face-to-face care. **Conclusions:** Telephone psychotherapy and support groups can function as alternatives to face-to-face mental health treatment for Veterans and caregivers. **Clinical implications:** Care recipients provided valuable insights that should be used to inform future telehealth work in mental health settings. Veteran and caregiver perspectives can help clinicians learn how to deliver useful and relevant interventions when healthcare is impacted by restrictions to face-to-face care.

Advocacy for and by Older Adults: A Tribute to Dr. Kathryn Hyer

Panel Symposium

Dr. Kallol Kumar Bhattacharyya¹, Dr. Debra Dobbs¹, Dr. Lindsay Peterson¹

1. University of South Florida

With population aging, it is essential advocating for and with older adults by providing different policies and services, including favorably modifying the environment to be secure and livable for older adults with the highest possible health and wellbeing. The pioneering idea of the age-friendly health system (“4Ms” model) does not identify every component of nursing home care. The first paper, “Creating Age-Friendly Nursing Homes: The Time is Now,” aims to identify specific aspects of person-centered care to promote the development of a standardized conceptual framework (“8Ms”) to providing residents the optimal care.

Emergency preparedness during disasters (e.g., hurricane) is critical as they disrupt the functions of daily life. It is vitally important to understand more about disaster preparedness for those living with dementia and their informal caregivers. The second paper, ““Just Don’t Panic.” Lessons on How to Prepare for a Disaster While Caregiving for A Loved One Living with Dementia,” identified four overall themes including barriers to preparing, reasons to prepare, necessary items to have during a disaster, and preparedness facilitators.

Millions of older adults receive care at home from non-Medicare providers who are under federal disaster preparedness rules that are less prescriptive than Medicare rules and subject to state interpretation. Assessing the disaster preparedness policies, laws, and regulations in ten states, the third study, “State Policies Concerning Disaster Preparedness for Home and Community-Based Service Providers,” found considerable variation by state and raised questions about the protection provided to vulnerable individuals who receive care through home- and community-based programs.

Advocating for a non-financial retirement plan for older adults

Professional Poster Presentation

Dr. Andrea Jennings¹

1. Northeast VA Medical Center

As retirement approaches, it is essential that older adults have a plan in place that addresses non-financial goals. Often times, there are no such plans and older adults may struggle on a daily basis deciding what to do with their time in retirement. This lack of planning may result in negative health outcomes such as depression, loneliness, and low self-worth. Determining how an older adult can utilize their skill set and experiences is an important step in the non-financial retirement planning process. A three-step exercise will be described to help older adults self-advocate for themselves as they prepare for retirement. Step one focuses on identifying desirable activities, step two addresses strengths and weaknesses with regards to their abilities to participate in a specific activity, and step three emphasizes action steps. Engaging in non-financial retirement planning may have a positive health impact physically, socially, spiritually, and mentally for older adults. Advocating for the implementation of a non-financial retirement plan is investing in one's future well-being.

African American Professional and Managerial Women's Journeys Through Caregiving for Elderly Parents

Professional Paper Presentation

Dr. Claudia Thorne¹

1. Coppin State University

This study explored caregiving among African American women baby boomers, born between 1946-1964, who are caring for older parents and who are working in professional and managerial positions. The purpose of this study was to describe the lived experience of these caregivers including their perceptions of caregiving, the impact of caregiving on their professional lives, the accommodations they make to balance professional roles and responsibilities, and the supports that are available to them. Utilizing a phenomenological research design approach, this research study explores and describes the intricacies of the lived experience of a purposefully selected sample of 20 African American professional women caring for older parents. The knowledge generated from this research study will provide new insights into caregiving among African American professional women to inform social work practice and to influence the development of culturally appropriate workplace policies to support caregivers. This research study explicates the meaning, structure, and essence of caregiving for African American professional women caring for older family members. The study emerges from the intersection of the life course perspective, stress process perspective, and role theory to create a conceptual framework describing the caregiving experiences of African American professional women baby boomers. The study generates a caregiving perspective for professional African American women and adds to the strength-based and empowerment perspectives of culturally relevant caregiving research.

AgeTech 101: How Innovation Can Improve the Way We Age

Professional Paper Presentation

Ms. Grace Andruszkiewicz¹

1. Intuition Robotics

As we face a massive demographic shift, it will be critical to apply technology and innovation to the challenges associated with aging and caregiving. In this session, we'll discuss what AgeTech is, important trends and data-driven insights, and real examples of companies that are already addressing this market.

Aligning Outdoor Environments with the Preferences of Older Adult Dog Walkers

Professional Paper Presentation

Dr. E. Carlisle Shealy¹, Dr. Pamela B. Teaster¹, Dr. Annie R. Pearce²

1. Center for gerontology Virginia Tech, 2. Virginia Tech

For many older adults, physical activity levels tend to decline, contributing to chronic disease and social isolation. Companionship from dogs can help mitigate the feelings of isolation and help older adults stay physically active. Outdoor environments that align with the needs, desires, and abilities of older adults and their dogs can encourage walking habits while providing opportunities for socialization. To better understand how environmental characteristics influence and motivate dog walking among older adults, photographs were taken with 12 older adults and their dogs when walking in their neighborhood. These photographs were presented during in-person interviews to facilitate a discussion about features in their walking environment that they thought were both positive and negative. Key environmental features identified using thematic coding included interaction with nature including views of farmland, wildlife, and trees. To meet their desired level of challenge, participants valued the availability of choices from unpaved paths to paved asphalt. Dog specific amenities like dog waste stations were universally desired. Opportunities to socialize with neighbors and other dog walkers were also important. Safety from falling, other animals, and motorized traffic was a concern, but not enough to prevent them from walking. Findings from this study suggest that walking environments intended for older adults with dogs need to provide experiences with nature, varying levels of challenge, and dog-specific amenities.

All Careers are Careers in Aging: The Relaunch of a Comprehensive Website

Technique or Tool Demonstration Workshop

***Dr. Cynthia Hancock*¹, *Dr. Tina Newsham*², *Ms. Kaylah Jenkins*³**

1. Gerontology Program, UNC Charlotte, 2. Gerontology Program, UNC Wilmington, 3. UNC Charlotte

Older adults are everywhere so those with gerontological skills should be, too. It seems easy enough. Those steeped in the world of gerontology training understand the need to prepare the next generation of the workforce with vital knowledge about aging. However, when exposed to gerontology for the first time, students often ask “what is that?” Or “what can I do with that?” Employers (even aging services providers) often do not understand how to advertise for the skillset that gerontology education provides. This results in an artificial sense of a lack of jobs in the field. To address these challenges, the authors are engaged in the relaunch of a comprehensive website on Exploring Careers in Aging. The website will provide introductory definitions as well as resources for students, job seekers, employers, community partners; useful social media links; and webinars and podcasts with disciplinary experts. The goal of the website is to be a comprehensive resource for anyone looking to gain a better understanding of the possibilities when it comes to careers related to aging. The goal of this workshop is to gather a diverse group of stakeholders to provide feedback on the content and appearance of the website.

All Mouths Matter: Are you Treating Your Patients Equal – Moving Beyond Race to Sexuality and Gender in the aging adult

Best Practices Presentation

Mrs. Sonya Dunbar¹

1. The Geriatric Toothfairy LLC

The lesbian, gay, bisexual, and transgender (LGBT) communities now make up nearly 4% of the adult population in the US. Like race, ethnicity and religion, gender identity and sexual orientation can affect the way a patient perceives their health and utilize health care services. This course will examine the importance for oral health professionals to be able to provide affirmative and inclusive oral health care for the older LGBT community that is respectful and responsive to the health beliefs, practices, and needs of this diverse population. A discussion on LGBT terms and effective communication strategies for communicating with the LGBT community will be included.

Amplifying the Voice of People Living with Dementia Through the Co-Creation of Research

Professional Paper Presentation

Dr. Melissa Harris¹

1. Duke University

Prioritizing the experiences, perceptions, and recommendations of people living with dementia (PLWD) is paramount to designing successful healthcare and support services designed for this population. Yet, the voice of PLWD has often been deafened in prior research due to longstanding assumptions that people with cognitive impairment cannot reliably report their own experiences with the disease. The National Council of Dementia Minds is a non-profit organization led by PLWD that is committed to transforming how the world views dementia. This presentation will begin with a brief description of an ongoing exploratory study co-led by members of the Dementia Minds that is using Photovoice methodology (a qualitative research method that uses photography and participatory action to raise awareness of inequities) to explore what it means to “live well with dementia” and barriers to living well with dementia. Lessons learned from this study thus far will be described. A video montage will then be presented that will include 3 members of the Dementia Minds sharing their views on the significance of not only engaging PLWD in research, but also inviting PLWD to be co-investigators throughout the research process. The Dementia Minds will describe their personal experiences with engaging in research and set forth recommendations regarding how to ensure the voice of PLWD is amplified in future studies. This presentation will demonstrate the significance of engaging PLWD as co-creators of research and provide concrete recommendations directly from the perspectives of people living with dementia.

An Assessment of Virtual Reality Use Among Older Adults

Professional Paper Presentation

Dr. Julie A. Brown¹

1. Ohio University

Within the past two years there has been a very small but growing number of scholarly articles that highlight the potential benefit of mobile Virtual Reality (VR) platforms among older adult populations. Yet, it is critical to assess older adult user needs and preferences, as well as ethical considerations, before utilizing VR in applied contexts. This study investigated perceptions of VR use and its potential application by individually interviewing ten community-dwelling older adults (ages 63 to 89) both before and after trying the Samsung Gear VR. Participants were asked to self-select and view short videos (30 seconds to 3 minutes) that were filmed at six familiar locations within the community (e.g., a walk along a trail, an art museum). Semi-structured interview questions explored aspects such as the participant's level of comfort with navigating the VR platform and how such a device may (or may not) be beneficial for older adults. Once all interviews were conducted, two focus groups were held with the same set of participants to inquire further about their experience with the VR system. Themes identified from the transcripts include 1) usability, 2) video subject matter preferences, and 3) potential applications for use. These themes highlighted both the challenges and opportunities of VR use among a wide range of older populations and provided greater insight with its exploration and application in future studies. This included potential use among those older adults who have notable functional limitations, such as those who are immobile, or reside within a care facility.

Area Deprivation Index Effects on Objective and Subjective Reports of Physical Health

Student Poster Presentation

***Ms. Alexa C. Allan*¹, *Dr. Alyssa A. Gamaldo*¹, *Dr. Regina S. Wright*², *Dr. Adrienne T. Aiken-Morgan*³, *Dr. Anna K. Lee*⁴, *Dr. Jason C. Allaire*⁵, *Dr. Roland J. Thorpe, Jr.*⁶, *Dr. Keith E. Whitfield*⁷**

1. The Pennsylvania State University, 2. University of Delaware, 3. University of North Carolina at Chapel Hill, 4. North Carolina Agricultural and Technical State University, 5. North Carolina State University, 6. Johns Hopkins Bloomberg School of Public Health, 7. University of Nevada, Las Vegas

Neighborhood quality has been associated with poorer adult health, but limited research has explored the association between neighborhood deprivation using an Area Deprivation Index (ADI) and older Black adults' health. This study examined the association between ADI rankings and physical health and whether the relationship between measures of health and ADI vary by sociodemographics among older Black adults enrolled in the Baltimore Study of Black Aging (BSBA). Participants ($N = 577$; $Mean\ Age = 69.03$; $Mean\ Education = 11.58$; 74% women) completed subjective (e.g., activities of daily living/ADLs) and objective (e.g., systolic blood pressure) measures of physical health. ADI values (e.g., national and Maryland state rankings), were retrieved from the University of Wisconsin Neighborhood Atlas. There was no significant association between ADI and objective measures. When adjusting for age, sex, and education, participants who rated their health better compared to a year ago were living in more disadvantaged neighborhoods (higher national ADI; $\beta = 0.09$, $p < 0.05$). Results indicated, adjusting for covariates, that participants who reported being less likely to need help with ADLs were significantly more likely to be living in more disadvantaged neighborhoods based on both national ($\beta = -0.11$, $p < 0.05$) and state ($\beta = -0.15$, $p < 0.01$) ADIs. A significant age and state ADI interaction suggested better self-reported health was associated with a more disadvantaged neighborhood, particularly for participants ≤ 56 years ($b = 0.201$, $p < .05$). These findings have implications for understanding how neighborhood context impacts health among older Black adults.

Attachment to Home and Community in Rural Older African Americans in Mississippi

Professional Paper Presentation

Dr. Carolyn Adams-Price¹, Ms. Sarah Israel¹

1. Mississippi State University

African-Americans have lived in the rural south for hundreds of years, despite a difficult history with the region. Although many left during the Great Migration, those who remain (or return from other parts of the country) have strong attachments to their homes and communities. The purpose of this paper is to look at attachment to place in older African Americans who live in rural enclaves in two counties in northeastern Mississippi. Participants were 47 middle-aged and older African Americans, aged 52 to 79, with a mean age of 65. Twenty were male and 27 were female. Most of them lived in two tiny African-American enclaves, Artesia and Crawford, with fewer than 1000 inhabitants each. The self-reported income and health were low, with self-assessed health averaging fair to medium, and income below \$20,000/yr. Participants were interviewed and their responses were recorded. They were asked to describe why they felt attached to their homes and communities, and their responses were coded phenomenologically for themes. The primary themes for attachment to home were “a peaceful and safe place, ownership, legacy/historical, attachment to features or nature, and everyday functionality.” The primary themes for attachment to community included “social togetherness, spiritual/religious proximity, family proximity, and solitude/peacefulness.” These findings suggest that it is important to view older rural African Americans as people with positive connections to their environments that go beyond a history of discrimination. Our results will be discussed in the light of research and theory on aging and attachment to place.

Care workers: From invisible ‘monsters’ to essential Help in response to COVID-19

Professional Paper Presentation

***Dr. Louise Oldridge*¹, *Dr. Cassie Brummitt*²**

1. Nottingham Trent University, 2. University of Nottingham

The UK faces well-documented unsustainable care requirements, with a dearth of skilled workers, heightened by new immigration policies in the wake of Brexit (Oldridge, 2020; Oldridge and Larkin, 2020). Little research has been conducted on representations of care work in fictional media, despite its role in helping audiences develop cultural constructions of care work (Grist and Jennings, 2020). Often care workers are supplementary characters and rarely portrayed positively, such as the ‘monster’ matron in the film *Mrs Caldicot’s Cabbage War* (2002) (ibid.).

Help (2021), a television drama about the impact of COVID-19 on UK care homes, depicts the experiences of a young woman who becomes a care home worker. The home, its workers and residents are plunged into difficult circumstances without adequate personal protective equipment, staff training, or access to healthcare.

Help is notable for its privileging of care workers within the narrative. We use visual codes and textual features to evaluate the media representation of care work within the context of the pandemic. We draw upon characterisation, the representation of professional/emergency services, and the use of emotion, arguing that it uses rhetorical devices (Bordwell, 1989) to privilege and politicise the experiences of care home workers. Considering the demographic makeup of the UK’s care workforce (Lokot and Bhatia, 2020), we also discuss the casting decision to portray the protagonist as a young, white British, working-class woman. We determine that *Help* is a vehicle for the evolving representation of care workers in UK media, from invisible undervalued ‘monsters’ to essential workers.

Caregiving Beyond COVID-19: How National and Local Programs are Advancing Their Efforts to Support Caregivers

Panel Symposium

***Dr. Christine Jensen*¹, *Dr. Jodi Teitelman*², *Dr. Ethlyn McQueen-Gibson*³**

1. Riverside Center for Excellence in Aging & Lifelong Health, 2. Virginia Commonwealth University, 3. Hampton University

More than ever before, we are seeing caregiving, as a concept and lived experience, is on the radar screen of key leaders in the Federal Government (e.g., CDC) and national and regional organizations such as AARP and the National Alliance for Caregiving. This workshop will review current legislation and recent formative reports, at the national level and in selected Southern states, designed to support the 50 million-plus family members providing care to adults and older adults in the U.S. Emphasis will be placed on reports and advocacy targeting Alzheimer's disease and dementia care, and on initiatives providing funding and support for evidence-based programs and services. Programs and recommendations addressing family caregiving at the Federal level will be discussed. Recent reports submitted to Congress from the RAISE Family Caregiving Advisory Council and the Advisory Council to Support Grandparents Raising Grandchildren will be addressed in this session. Further, programs in Virginia and North Carolina, among others, will be identified for the infrastructure that is in place or in formation (e.g., Build Back Better Act). These state programs offer tools, techniques, resources and dementia capable communities that have direct and immediate application for family caregivers. Some of these programs include dementia care consultation, self-compassion training, dementia road maps and microlearning, with many offered in-person and virtually. Attendees will be encouraged to reference programs and reports that support elder care and dementia care in their communities.

Challenges Recognizing and Responding to Abuse in Later Life: Insights from Frontline Personnel

Professional Paper Presentation

Dr. Sarah A. Marrs¹, Ms. Courtney O'Hara¹, Ms. Miranda Yelvington¹, Ms. Deijah Patterson¹, Ms. Annie Rhodes¹

1. Virginia Commonwealth University

Approximately 10% of adults over age 60 will be victims of abuse (Acierno et al., 2010). Unfortunately, for every one reported case, around 20 remain unreported (APA, 2012), meaning that statistic is likely underestimating the prevalence of elder abuse. In Virginia, reported cases of abuse in later life have steadily increased (DARS, 2021); this trend is expected to continue as the population of older adults continues to grow. Frontline personnel, such as law enforcement, healthcare professionals, and aging and victim services providers, do not receive training adequate to respond to the aging population or abuse in later life (Rosen et al., 2016). This gap in preparation leaves these professionals without the tools needed to adequately recognize and respond to abuse (Rosen et al., 2018). A critical first step to developing training to reconcile this gap is to gain a better understanding of the current landscape within this workforce. This qualitative study explored the knowledge and attitudes towards abuse in later life as well as current practices and policies for reporting abuse among law enforcement professionals ($n = 8$), healthcare professionals ($n = 7$), and aging/victim ($n = 9$) service providers. Themes emerging from the focus groups highlight a number of barriers to identifying and reporting abuse for professionals in each discipline. Our findings point to a need for intervening to reduce ageist societal views, to create evidence- and needs-based training for frontline personnel, older adults, and their families, and to create coordinated community responses.

Cognitive Health Disparities in West Virginia

Student Poster Presentation

Ms. Amber Rusch¹, Mr. Keshawn Carter¹, Dr. Julie Hicks Patrick¹

1. West Virginia University

Aging in Appalachia is associated with negative effects on health and well-being relative to other places in the United States (Patrick et al., 2020). These place-based disparities are receiving increasing attention (Savla, et al., 2018). However, one under-studied area is that of cognitive health. With more than 40% of West Virginians being age 45 or older, understanding the cognitive health challenges of middle-aged and older West Virginians is critical. In order to better understand this issue, we applied frameworks of social determinants of physical health to the understanding of cognitive health. We used data from West Virginian adults who completed the 2019 Behavior Risk Factor Surveillance Survey (BRFSS) from the CDC. We conducted a logistic regression and interpreted the Odds Ratios (ORs). Using education level (OR = 1.5), gender (OR = 0.84), race (OR = .89), income (OR = 1.12), and age (OR = 1.7), we were able to predict cognitive difficulties, X^2 (DF = 16) = 207.6, $p < .001$. Counter-intuitive results emerged, with middle-aged adults reporting more cognitive difficulties than older adults. Other specific contrasts are discussed and highlight groups who may be at especially high risk for cognitive health challenges.

Cognitive reserve as predictor of successful aging

Professional Poster Presentation

*Dr. Neyda Ma. Mendoza Ruvalcaba*¹, *Dr. Elva Dolores Arias-Merino*¹, *Dr. Maria Elena Flores-Villavicencio*¹, *Dr. Melina Rodríguez-Díaz*¹, *Dr. Martha Elena Vázquez-Arias*¹

1. Universidad de Guadalajara

Introduction.

Cognitive reserve (CR) refers to how flexibly and efficiently the individual makes use of available brain resources. This study aims to explore the contributions of the CR and cognitive functioning to understanding successful aging (SA). (Project-Conacyt-256589)

Methods.

Population based, random sample included n=456 community-dwelling older adults 60-years and older (mean age=72.6, SD=7.8 years, 59% women). CR was measured by their main indicators: education, life-long learning, being bilingual, participation, use of information and communications technology ICT. Cognitive functioning was assessed by a comprehensive battery. Successful aging was operationalized as no important disease, no disability, physical functioning, cognitive functioning, and being actively engaged. Sociodemographic and health data were also asked. Pearson´s correlation test and linear regression models were performed.

Results.

In total 11.2% were successful agers. Results of the multiple regression analysis emerged on a significant model using the entered method: $F=26.07$, $p<.000$. Cognitive reserve, meta-memory, language memory, and age were the most influential variables. The model explains 23.7% of the variance of Successful aging.

Conclusion

CR and specific cognitive domains were significantly related to the achievement of SA, this interrelation set possible targets for cognitive interventions to promote CR not only for preventing cognitive impairments, but also for promoting successful and healthy aging in older adults.

Disclosure statement: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Cohort Analysis of Occupational Therapy Students' Knowledge of Aging for Four Graduating Classes

Professional Paper Presentation

***Dr. LaVona Traywick*¹, *Dr. Brittany Saviers*², *Dr. Terry Griffin*³, *Dr. Teresa Brown*¹**

1. Arkansas Colleges of Health Education, 2. University of Central Arkansas, 3. Kansas State University

While the number of senior adults in the United States is steadily rising, there is also a rising shortage of allied healthcare professionals, including occupational therapists, to meet the current and expected needs of the senior adult population. There are national standards that all occupational therapy (OT) programs have to meet; however, there is not a set national curriculum. It is assumed that students will enter their respective occupational therapy programs with a base knowledge of aging due to prerequisite requirements. To test that assumption, with IRB approval, over four consecutive years 192 first year, first semester occupational therapy students were administered the *Facts on Aging Quiz* along with additional questions regarding year of birth and anticipated employment. Results showed that first-year occupational therapy students' knowledge of aging was poor (67.9% mean) regardless of their age or population work preference. Most students stated that pediatrics—only 11.5% stated geriatrics—was their preferred population with which to work. Statistical tests indicated a trend of decreasing mean scores of the cohorts. If this trend of decreasing gerontological literacy exists in occupational therapy, other health care disciplines may be experiencing similar fates. Healthcare education should meet the needs of society and it appears there may be a significant gap that needs to be addressed to prepare health care practitioners to best meet the needs of the current population. Based on these study results, more emphasis needs to be placed in gerontological literacy for new occupational therapy students.

Collective Trauma and COVID 19: Supporting the direct care workforce

Panel Symposium

***Dr. Jennifer Morgan*¹, *Mr. Waqar Ahmad*¹, *Ms. Yun-zih Chen*¹, *Ms. Kim McRae*², *Dr. Leigh-Anne Royster*³, *Dr. Elisabeth Burgess*¹**

1. Georgia State University, 2. Culture Change Network of Georgia, 3. Duke University

COVID-19 has had a profound effect on long-term care residents, families and staff. Despite conflicting state and federal reports, it is likely that more than 118,000 nursing home residents died due to COVID in 2020 alone. As of November 2021, it is estimated that the death toll of COVID-19, combining long term care residents and staff, is 186,000 in the U.S. Layered on top of the impact of COVID are the effects of economic and political turmoil and systemic racism. The direct care workforce is predominately female, largely people of color and includes a significant number of immigrant workers. Before 2020, this workforce was already vulnerable due to low pay, few benefits (e.g. paid leave, health insurance), and heavy workloads. Supporting this workforce is of vital importance across long term care service and supports (LTSS) sector to address recruitment, retention and spur the professionalization of this work across settings. This symposium will present three papers. The first paper will outline how a ecological trauma-informed approach can be used to inform the development of education and resources for LTSS staff to address collective trauma. The second paper will summarize results from COVID-focused survey (N=379) of nursing home staff and describe the key perceived impacts of COVID on person-centered care practices. The final paper will present how-to steps to becoming a person-centered organization by focusing on your culture change journey and implementing employer of choice strategies. Implications for competency development, career lattices, coordinated community efforts and quality of care will be discussed.

Connecting Generations through Transdisciplinary Collaborations

Professional Paper Presentation

Dr. Jennifer Zorotovich¹, Dr. Thomas Sweeney¹

1. Georgia Southern University

This presentation focuses on work between faculty in higher education who merged course assignments to incentivize cross-collaboration among students in different disciplines: Recreation and Family Science. Students were asked to apply their differing expertise to design activities unique to the needs of older adults within the community. The end goal was intergenerational community building in ways that impact aging across developmental stages and uses a transdisciplinary framework that "... involves scientists from different disciplines as well as nonscientists ..." (Choi & Pak, 2006, p. 359). This work was born from a shared vision among faculty to educate students in ways that better serve contemporary older adults in local, rural communities. Students worked in the classroom to design activities targeting facets of older adult well-being and were then asked to lead interactive sessions with active older adults at a local Parks and Recreation Program or with frail older adults utilizing a local residential facility. This transdisciplinary endeavor created a platform for collaboration among faculty, incentivized peer learning and personal leadership among students, and ignited intergenerational interactions. Outcomes surround beneficial impacts on developmental transitions among both students and older adults, a reduction of ageism, and the enhancement of the recreation experiences of older adults in rural areas. This presentation will discuss the faculty's pedagogical approach, the design of the transdisciplinary project, the students' approaches to the creation and implementation of interactive activities, and the COVID-19-induced revisions to the project.

Contact Frequency, Social Media Use and Social Isolation Among Older Adults in the Southeastern U.S. During COVID19: Opportunities for Intervention

Professional Poster Presentation

Dr. Cassandra M. Germain¹

1. North Carolina Agricultural and Technical State University

Social isolation and loneliness are associated with many adverse cognitive, physical and mental health outcomes in older adults. The implementation of stay-at-home orders and social distancing practices have significantly affected opportunities for social-engagement, particularly among older adults. The objectives of this study were to examine: 1) the prevalence of social isolation and loneliness during the COVID19-related stay at home order 2) changes in the frequency of contact/ social engagement with family and friends during the COVID19 and 3) whether changes in engagement/connectedness moderated social isolation and loneliness during COVID19. A subsample of $n=158$ older adults (aged 60+) participated in a survey of social isolation between April 28, 2020 and May 25, 2020 in the southeastern United States. Social isolation and loneliness were assessed using the Lubben Social Network Scale (LSNS-6) and UCLA 3-item loneliness scale. Participants were also asked to report changes in frequency of communication with friends and family during COVID as well as changes in social media use. Approximately, 37% of participants reported loneliness during the early stages of COVID-19; 33.5% experienced isolation. Twenty-seven percent reported less frequent contact/communication from family members, 28% reported more frequent communication. Forty-nine percent of reported increased social media use during quarantine. Participants who reported increased communication with family members during COVID reported feeling less isolated ($p=.002$) and less lonely ($p=.002$) than those with less frequent or no change in communication. Significant differences were also observed based on the level of social media use reported during quarantine.

COVID Companions: An Intergenerational Attempt to Curb Loneliness During the Pandemic

Student Paper Presentation

Ms. Kathryn Ratliff¹, Dr. Pamela B. Teaster¹

1. Center for Gerontology, Virginia Tech

The COVID-19 pandemic created isolating circumstances for many, especially for older adults who were at an elevated risk for contracting the disease and faring worse than their younger counterparts if they become infected. Created by graduate students at Virginia Tech (VT), COVID Companions serves as an intergenerational bridge for people who were not receiving the social stimulation necessary to maintain mental and physical health. COVID Companions helped connect older adults and community members during the pandemic. Based on their preferences, older adults were provided with a tablet and resource guides to communicate through video chat, telephone, or even on the adult's front porch. Over time and going beyond its VT origins, COVID Companions expanded to include members of the surrounding community and has 49 volunteers (42 students from VT or Radford University) and 7 (volunteers from the surrounding community and VT faculty). The program serves 31 older adults, including 13 veterans matched with students in the VT Corp of Cadets. Pre- and post-test surveys were distributed to volunteers to understand possible ageist views. Results showed a positive change in agreement with the statement, "Older adults make contributions to society at the same rate as younger adults," and "Older adults are typically frail and require extra assistance to get through the day." Also, in the post-test survey, more volunteers than in the pre-test agreed with this statement: "It is normal for a younger person to be friends with an older person."

COVID-19 In Long Term Care Hospital Patients with Dementia: A Case-Control Study in Texas

Student Paper Presentation

Mr. Cheng Yin¹, Prof. Liam O'Neill¹, Prof. Kendall Brune², Ms. Rong-Fang Zhan¹

1. University of North Texas, 2. Meharry Medical College

Background: Dementia patients are vulnerable to COVID-19. The mortality rate for COVID-19 patients with dementia is four times higher than COVID-19 patients without dementia. This study aims to determine risk factors associated with COVID-19 among dementia patients discharged to long-term care hospitals. *Method:* We utilized the PUDF dataset. We selected 301 dementia patients with COVID-19 from long-term care hospitals during the pandemic as the case group and 580 dementia patients without COVID-19 from long-term care hospitals before the pandemic as the control group. These risk factors were categorized into demographics, chronic comorbidities, and rare diseases. Person's Chi-Square and binary logistic regression were used to analyze risk factors associated with COVID-19 among long-term care hospital dementia patients. *Results:* The binary logistic regression showed that non-Hispanic African American (OR = 1.596, 95% CI = 1.032-2.467, p = 0.036), charity insurance (OR = 4.116, 95% CI = 1.832-9.245, p < 0.001), high blood pressure (OR = 1.604, 95% CI = 1.173-2.194, p = 0.003), acute respiratory failure with hypoxia (OR = 4.217, 95% CI = 3.028-5.871, p < 0.001), and other specified sepsis (OR = 12.671, 95% CI = 3.574-44.925, p < 0.001) associated with increased risks of COVID-19. *Conclusion:* Long-term care hospitals could prevent or reduce COVID-19 infectious patients with dementia by considering these risk factors. It may provide useful information for the personal aspect of the ICF model.

Creating Age-Friendly Nursing Homes: The Time is Now

Student Paper Presentation

***Dr. Kallol Kumar Bhattacharyya*¹, *Dr. Victor Molinari*¹, *Dr. Kathy Black*¹, *Dr. Susan Whitbourne*²**

1. University of South Florida, 2. University of Massachusetts Boston

The current global age-friendly movement supports older adults by providing different policies and services, including favorably modifying the environment to be livable for older adults with the highest possible health and wellbeing. In later life, individuals' healthcare needs often become more complex and chronic. It is expected that health systems should be modified ensuring affordable access to evidence-based medical care in a person-centric approach. However, there is a dearth of attention to nursing home (NH) residents as part of age-friendly movements. The pioneering idea of the age-friendly health system, i.e., the "4Ms" model is significant for NHs and formative for further developments; however, it does not identify every component of NH care. This article aims to identify specific aspects of person-centered care in the literature to promote the development of a standardized conceptual framework. Along with residents, NH staff and administrators are integral parts of NHs. Incorporating the central role of caregivers, this study proposes a new "8Ms" framework to describe the age-friendly NH. As everything related to care matters to residents, along with care related to *medication*, *mobility*, and *mentation*, the proposed framework introduces five additional "M," i.e., *meaningful care*, *motivation*, *moderation*, *modification*, and *monitoring*. This framework is proposed to advance education, clinical practice, and research to promote quality of care in NHs. Application of the 8Ms framework through intensive education and training efforts may yield multiple benefits, including assuring good quality of care to residents, caregivers' job satisfaction, and supporting NH management in providing residents the optimal care.

Creative Aging and Art Education: Supporting Lifelong Learning through Art

Technique or Tool Demonstration Workshop

Dr. Melanie Davenport¹

1. Georgia State University

This professional poster will share information and highlights from a forthcoming volume featuring chapters by art educators, art therapists, museum educators, and community-based teaching artists exploring the intersection of art education and creative aging. Strategies and projects for engaging older adults in the visual arts will be shared, along with selected “portraits” of individuals illustrating creative aging in action.

Culture- and Ethnicity-Specific Caregiver Resource Guides for Immigrant Caregivers Working with Persons with Dementia

Professional Paper Presentation

Dr. Meredith Troutman-Jordan¹

1. UNC Charlotte

It is imperative that we increase diversity and inclusivity in dementia care, accommodating educational needs and skills of immigrant and/or second-language caregivers. We have developed a set of comics for domestic and health-care workers^{1,2} in the five languages identified by the most recent census³ and studies of immigration patterns. These people may have low literacy and weak comprehension/production that does not meet standard expectations for eighth grade English and/or low health literacy, particularly in dementia care.

Our multicultural comics are English, Spanish, Mandarin, Tagalog (Filipino) and Haitian Creole. The comics illustrate caregiver- and recipient-expressed desires⁴ for situation-based suggestions that incorporate but go beyond the clinical (e.g. bathing), to include topics such as starting and continuing conversations, locating persons wandering away, distracting them from repetitive questions or aiding them when they do not recognize themselves in a mirror. All five sets of educational graphic materials will be hosted on a specific website, freely downloadable in multiple electronic formats. To increase our comprehensibility and cultural appropriacy, we will evaluate the comics with nurses and caregivers whose official language and country of practice will be one of the five listed. We are obtaining qualitative data as caregivers review the comics, providing feedback on usefulness, strengths/limitations, and we are conducting content analysis on their comments, to inform further development of the comics. We will describe multicultural comic development and revision based on qualitative data obtained, in this presentation.

Depression Screening in Primary Care Setting

Student Paper Presentation

Ms. Fatmata Bah¹

1. University of Maryland, Baltimore County

Problem: Major Depressive Disorder (MDD) is the most common treatable mental health problem in the United States. Undiagnosed and untreated depression can have serious medical, economical, and social implications. Primary care settings are critical in addressing the gaps in community depression management. Less than 5% of eligible individuals get screened for depression at this project site enhancing early diagnosis.

Purpose: to implement a universal screening program for depression for all adults and adolescents presenting for primary care services using the Patient Health Questionnaire (PHQ).

Methods: An urban outpatient clinic will implement this QI project over 15 weeks. Anyone seeking primary care for acute or chronic diseases is targeted. With a sensitivity of 81.3 percent and a specificity of 85.3 percent, the PHQ-9 has been thoroughly tested as an MDD screening tool. The PHQ-tools have been trained for use by the triage team, including the nurse practitioner and clinical manager. The provider will review the PHQ-9 if it is positive. PHQ-9 scores of 14 or higher suggest positive screening for mental health issues.

Preliminary Results: This project's evaluation includes participation rates, PHQ-9 scores, and mental health referrals (process measure). Patients using mental health care 90 days after screening positive for depression.

Preliminary Conclusion: Preventable physical, social, and psychological harms may emerge from low depression screening rates in primary care (below 5%) and over 60% are not diagnosed. Consistent depression screening can help speed up diagnosis, treatment referral, and service implementation.

Keywords:

Depression Screening, Mental health services, Patient Health Questionnaires (PHQ), Primary Care

Does the church care? Assessment of social support strategies on the health and wellbeing of elderly people in the Tema Metropolitan Assembly-Ghana.

Student Poster Presentation

Mr. Alfred Boakye¹, Mrs. Henrietta Armah²

1. University of Ghana, 2. University of Alabama at Birmingham

Decades of extensive research has indicated the essence of social support and its strategic role towards improving the health and well-being of individuals. Religion as an element of the social construct has contributed in the fight to providing channels or avenues to solve some of the physical, social and healthcare challenges of persons aged 60 and above. The aim of the present study is to identify effective and efficient social support strategies that would improve the health and well-being of older adults among religious organizations within the Tema Metropolitan Assembly (TMA) and transcend to other areas of Ghana. Thematic analysis was used to analyze the responses from twenty (20) research participants interviewed for the study. Results revealed that, the most dominant social support strategies adopted by the church are either instrumental or material, spiritual, emotional or informational. These forms of support promote happiness, sense of hope and reduced stress and loneliness ultimately enhancing the quality of life of the aging adult. However, there seems to be a missing link between faith-based organizations such as Churches, Government and other Social Service organizations on how to collaborate to develop a framework to address the aging, health and well-being relationship, develop intervention strategies and to promote general well-being among the elderly towards achieving the Sustainable Development Goals 3 to ensure a healthy lifestyle and well-being of all ages by 2030.

Early Planning Recommendations for Aging in Place

Student Poster Presentation

Mr. Adam Reres¹, Prof. Su-I Hou²

1. University of Central Florida, 2. School of Global Health Management & Informatics, University of Central Florida, Orlando, FL

As humans age, their dependency on resources for stability and safety increases. This is especially true for people that wish to age in typical community environments. This study will explore the resources that mature over time to improve the quality of aging in place within communities that are not modeled for aging populations. Recommendations for future research and community programs to improve the ability of community members to age in place will be made based on the findings.

A qualitative study was performed by gathering information from elder adults that attend programs designed for elder personnel to interact in the community. Data was collected by a semi-structured interview using open ended questions. A total of 16 participants participated in the study.

Aging in place requires an abundance of resources to sustain basic needs and provide a quality of living. Early allocation of resources improves the likelihood of successfully aging in place. According to data gathered, the three most important resources are financial, health, and social.

Educating Healthcare Providers on Substance Use Disorder in Older Adults

Technique or Tool Demonstration Workshop

Dr. Marissa Mackiewicz¹, Dr. Patricia Slattum¹, Dr. Leland H. Waters¹

1. Virginia Commonwealth University

Opioids were involved in 49,860 overdose deaths in 2019, (CDC, 2021). Substance Use Disorder (SUD) affects people from all walks of life and age groups. Special considerations for older adults with SUD should be made secondary to the unique pathophysiological and socio-economic complexities of aging populations. Successful SUD treatment and recovery depends on access to essential support systems comprised of interprofessional teams as well as family, friends, caregivers.

Education on SUD for healthcare providers, caregivers and the community is a key component for combating the national opioid epidemic. This workshop will provide SUD education appropriate for all audiences including healthcare providers, caregivers, community partners, and friends and family of people with SUD. A ten-minute video and an accompanying discussion guide were developed to enhance training of clinical faculty and students participating in an interprofessional care coordination clinic servicing low-income older adults. The video shares information and perspectives on SUD relevant to healthcare providers, caregivers, persons with SUD and community resource organizations.

Workshop attendees will learn about SUD as a chronic disease and the importance of interprofessional and individual's patient care in recovery. They will be able to identify the significance of stigma in SUD in providing and seeking care, assess the role of mental/behavioral health in SUD, better identify characteristics of older adult populations that place them at greater harm from the consequences SUD, and safe practices for storing, managing and disposing of opioids. Free on-line curricular resources will be shared that can be incorporated into the participant's own teaching.

Effects of COVID-19 on existing issues experienced by older adults living in southeast United States: Responses from the SGS Survey 2.0

Professional Paper Presentation

***Dr. Kyle Bower*¹, *Ms. Karen Appert*², *Ms. Lee Ann Ferguson*³, *Dr. Abby Schwartz*⁴, *Dr. Graham Rowles*⁵,
*Ms. Yun-Zih Chen*⁶, *Mrs. Amanda James*⁷**

1. Cardinal Direction, 2. Appert Marketing Group, 3. Concordia University, 4. East Carolina University, 5. University of Kentucky, 6. Georgia State University, 7. Southern Gerontological Society

In its 2018 inaugural priorities survey report, the SGS survey subcommittee recommended that SGS conduct a survey of priorities with respect to aging in the South at least every three years. This presentation will introduce findings from SGS Priorities Survey 2.0 with quantitative and qualitative data representing stakeholder views and priorities in the context of an ongoing pandemic. SGS Survey 2.0 was the second in a longitudinal initiative to evaluate stakeholder opinions about important issues faced by older adults in the South, as well as SGS organizational priorities. The 12-question survey was emailed to 1,953 stakeholders between April and May 2021, with seventy individuals completing the survey in its entirety and used in the subsequent analysis.

The authors will present survey findings that indicate some continuity among priorities when compared to the original SGS Priorities Survey, as well as shifts in priorities, especially regarding the effects of the COVID-19 pandemic on SGS stakeholders and the older adults they serve. Results indicated that the pandemic both exacerbated existing issues and also worked as a catalyst for change. The presentation will serve as a forum to discuss the potential outcomes that may inform a “new normal” across aging sectors.

Effects of Leisure Activities on Memory Functioning of Older Americans

Professional Paper Presentation

*Dr. Ayse Malatyali*¹, *Dr. Lisa Wiese*²

1. Texas A & M University, 2. C.E. Lynn College of Nursing, Florida Atlantic University

The purpose of this study was to describe the relationship between leisure activities and episodic memory (EM). We examined whether the relationship between these activities and EM is moderated by their types such as mental, physical, and social activity and demographics such as gender, marital status, and race. Participants were 3,903 cognitively intact persons who completed the 2016 Health and Retirement Study core interview and the 2015 Consumption and Activities Mail Survey. Results indicated that mental activity significantly moderated the relationship between physical activity and EM, revealing a positive association between physical activity and EM for participants reporting low mental activity levels and a negative but non-significant association for participants with high mental activity levels. Although women demonstrated higher EM scores than men, there was a negative association between mental activity and EM for women. A significant reduction of EM performance was observed in participants who were divorced and widowed, compared to participants who were married. There was a positive relationship between physical activity and EM only for participants who were widowed. Furthermore, race was significantly related to EM: African Americans had lower EM scores than Caucasians, but no significant association was found for the other race groups. Effect sizes were small throughout the analyses. Results emphasize the underlying relationship between different activity types and demographics in terms of EM performance. Further investigation is needed to explore changes over time in this relationship for persons who are cognitively intact or impaired.

Efficacy of Cognitive Training Interventions in Older Adults

Professional Paper Presentation

***Dr. Ayse Malatyali*¹, *Dr. Lisa Wiese*², *Dr. Zahra Rahemi*³**

1. Texas A & M University College of Nursing & Health Sciences, 2. C.E. Lynn College of Nursing, Florida Atlantic University, 3. Clemson University

Rapid and significant changes in technology have had a significant impact on the design and assessment methods of cognitive training interventions. Examining the outcomes in brain networks and blood markers are relatively new approaches. The purpose was to analyze the effect of cognitive training interventions on brain networks, blood markers, and cognitive performance of healthy older adults.

We conducted a comprehensive literature search on four databases: Web of Science, PubMed, CINAHL, and Psych-Info, following PRISMA guidelines. Initially, 2426 citations were retrieved, and 251 full-text publications were evaluated in detail for eligibility. Fourteen randomized control trials (RCT) were deemed to be eligible and included in this review. The quality of studies was assessed using the Physiotherapy Evidence Database (PEDro). The average PEDro score of the studies was 6.43, indicating a medium to high quality.

The total sample of fourteen studies included 630 healthy older adults and study interventions, which were comprised of nine different types of cognitive training. Imaging analysis of the brain networks showed significant activity changes primarily in the Default Mode Network. These changes were associated with improvement in memory, learning, attention, and affective performances. Increased activity in the Central Executive Network was associated with improvement in reasoning, attentional control, innovative thinking, and processing speed. Furthermore, training-induced changes were observed in the brain-derived neurotrophic factor levels and the markers of antioxidative and anti-inflammatory regulatory mechanisms, correlating with improved attention and memory performances. Results showed promising evidence for the maintenance and promotion of cognitive functioning in healthy older adults.

Emotional Intelligence and Everyday Problem-Solving in Late Life

Professional Paper Presentation

***Ms. Polina Ermoshkina*¹, *Dr. Eva Kahana*²**

1. Case Western Reserve University, Department of Sociology, 2. Distinguished University Professor, Department of Sociology, Case Western Reserve University

The aim of this conceptual paper is to present creative approaches to everyday problem-solving in late life and consider the role of emotional intelligence in achieving their objectives. Older adults have to deal with everyday problems such as trying to schedule an appointment with a doctor, learning to use Telehealth, adapting to using a walker or a hearing aid, navigating the Internet. The COVID-19 pandemic presented older adults with additional everyday problems and stressors: social isolation, loneliness, misinformation regarding the severity and magnitude of COVID-19. They often had limited access to healthcare providers with a transition of routine health appointments to online. Emotional intelligence, a concept highly influential in the fields of psychology, business, and leadership has received little attention in the gerontological community. Emotional intelligence can help older adults deal with everyday task demands such as maintaining friendships and meaningful interpersonal exchanges even in the face of personal challenges. Knowing how to regulate one's emotions becomes especially important for older adults who have to deal with age-related limitations and disability and continue to engage in life and triumph over society's ageism. This study developed and introduced five emotional intelligence skills that older adults need to cope with adaptive tasks and advocate for their needs: 1) to see the situation from the perspective of the other; 2) to engage in proactive help-seeking 3) to forgive and focus on the positive; 4) to express gratitude and appreciation; 5) to search for novel and creative solutions.

End-of-Life Care Planning Model for Diverse Older Adults

Professional Paper Presentation

***Dr. Zahra Rahemi*¹, *Dr. Lisa Wiese*², *Dr. Ayse Malatyali*³**

1. Clemson University, 2. C.E. Lynn College of Nursing, Florida Atlantic University, 3. Texas A&M University

There are inequalities across social groups influenced by race, ethnicity, rurality, gender, and immigrant status, which contribute to disparities of end-of-life care. Exacerbating these disparities are growing aging populations and the increased number of ethnically diverse individuals, both which faced increased risk of cognitive impairments. These groups are also unprepared for end-of-life care prior to becoming unable to communicate preferences that leads to additional disparities of care.

Our purpose was to present a conceptual model that illustrates complex factors contributing to end-of-life care planning among diverse older adults. We demonstrated the phenomenon and its intertwined components, themes, and complex relationships. To develop the model, we used a combination of Liehr and Smith's process of concept building and Walker and Avant's approach to concept analysis. Nine phases were identified: defining the phenomenon of interest, the purpose, theoretical lens, related literature, core qualities, antecedents, consequence, defining attributes, and the model. We reviewed six studies on end-of-life care planning and preferences in diverse older adults. The studies' methodologies were systematic review, integrative review, secondary analysis, and cross-sectional studies. We also defined assumptions and developed a visual depiction of the model to illustrate factors and components related to end-of-life care planning.

The end-of-life care planning model can be applied in healthcare research and education to enhance perspectives from limited medical models to holistic caring perspectives. This model can help healthcare providers offer older adults with different backgrounds an opportunity to participate in advance care planning that is compatible with their own values and needs.

Engaging an Americorps Experience to Guide Undergraduates Studying Adulthood and Aging in a Translational Research Project

Professional Poster Presentation

Ms. Emily Beam¹, Mr. Thomas Shaffer¹, Dr. Kelly Munly¹

1. Penn State Altoona

In this poster, we will present our experience in engaging Americorps volunteerism to guide undergraduates studying adulthood and aging in a translational research project. In this project, undergraduates are researching for and creating Creative Cloud Express pages designed to guide others in an array of resources available in Blair County, Pennsylvania, to support individuals aging with and into disabilities and their families. Across the semester, students engage in three professional meetings with the Americorps volunteer, the internship and community-based projects coordinator, and their professor. These meetings entail initial brainstorming and identification of a community-relevant topic, a review of draft content for the Creative Cloud Express page, and a presentation of a finalized page, which will then be used by student and recently graduated Patient Navigators working in the County. A partnership with university-based media consultants provides a strong learning and quality foundation to bolster student work. The core question for translational research is whether it addresses a real need and improves people's lives. Translational research "translates" new knowledge into impact through interdisciplinary collaboration; it involves a continuing cycle of exploration from discovery to community and back again. The likelihood of meaningful community connection is enhanced by focusing on universal touch points of family, health, disability, resources and inclusion.

Engaging and Supporting Community Hospice Providers in Managing Mental Health Needs of Veterans at End-of-Life

Student Poster Presentation

Dr. Deanna Dragan¹, Dr. Lauren Hagemann¹

1. Salem VA Medical Center

The VHA's Empowering Community Hospices initiative was developed to help strengthen the VHA's coordination of care practices with non-VA providers, specifically in the area of mental health care. This initiative encourages the use of tele-mental health services for Veterans at end-of-life (EOL), who otherwise would be limited to specialized care for conditions such as PTSD, Moral injury and suicidality. It is imperative that community hospice providers be privy to the unique experiences of Veterans as their mental health needs may be significantly different than those of a non-veteran. This project aims to collaborate with community hospice providers, to explore the need for education in the above mentioned areas, offer individualized trainings and ensure educational materials and VHA resources (e.g., telehealth) are accessible on an ongoing basis.

Data collection, which is anticipated to be completed by February of 2022, will include qualitative feedback from stakeholders at the National, local, and community level. Stakeholders from community hospice programs will be queried on their training needs around above mentioned areas as well as perceived barriers to telehealth use. Themes will inform the content for the training sessions. This project aims to increase the collaboration with community hospice providers and use of tele-mental health services for this diverse Veteran population. It is anticipated that the demand for EOL services may soon exceed the supply of care that VA facilities can provide; thus, these efforts may improve the quality of and access to mental health services for Veterans in community hospice care settings.

Enhancing the Professional Skillset of Aging Health and Social Service Providers through Local Community Education

Best Practices Presentation

***Dr. Diane Martin*¹, *Ms. Min Park*¹, *Ms. Meredith Hochman*², *Ms. Pamela Allen*³, *Mrs. Joy Taylor*⁴**

1. University of Maryland, Baltimore, 2. Central Maryland Area Health Education Center, 3. Eastern Shore Area Health Education Center, 4. Area Health Education Center West

Health and social service professionals are often ill-equipped to provide for needs of older adults. This is especially true in the rural and underserved regions of our country. Area Health Education Centers (AHECs) are designed to identify and provide continuing education programs to meet and support the local needs of the professional workforce. This session will describe the intentional and systematic approach utilized by three AHECs in partnership with a state-wide academic institution to coordinate and deliver geographically and financially accessible conferences and workshops designed for the diverse workforce charged with providing high quality care and service to older adults in a variety of settings. Our programs are delivered by experts in their respective fields and include elements of diversity and inclusion to promote culturally responsive person-centered health care and social services that are affirming, welcoming, and appropriate. We will present our experiences in developing the partnerships that have led to our success and programmatic growth and share a model for other organizations responsive to the needs of their local aging community.

Envisioning the Rhetoric of Interdependence in Gerontological Spaces

Professional Paper Presentation

***Dr. Cynthia Hancock*¹, *Ms. Liza Tindall*², *Dr. Margaret Quinlan*³**

1. UNC Charlotte Gerontology Program, 2. UNC Charlotte, 3. UNC Charlotte, Department of Communication Studies

Multiple disciplines (mindfulness, gerontology, communication, feminist, and disability studies) emphasize that humans are created to live in a community and rely upon one another. Gerontologists call these “linked lives.” Feminists stress the need to honor human life’s inherently relational, interdependent, and interactive nature. Those who practice mindfulness speak of radical interdependence. From conception until our final resting place, we count on others to nurture, support, and be there with us. As prenatal humans, we depend entirely upon our mothers and their care team. Once born, we rely upon our parent(s) to give us resources (food, shelter, affection) to survive. As children and youth, we depend upon teachers, peers, mentors, community, and family in ways too many to count. Once we become adults, the need for others in our lives does not end. We rely upon them to produce our food, craft our clothing, create safe communities, supply utilities, build our homes, construct modes of transportation, offer emotionally safe spaces, provide an economic cushion, develop and deliver modern medicine, the list goes on and on. There is not one human being who can “go it alone” and survive. So why, then, does the senior industry sell “independence” as a viable life option? The authors will present a rationale for dismantling the binary language of dependency and offer alternatives to the narrative commonly found in the senior industry.

Ethical Issues in Design: Considerations in Residential Dementia Care

Student Poster Presentation

Ms. Kelly O'Sullivan¹

1. Barton College Gerontology Program

Our country is aging rapidly, with 20% of the population anticipated to be over the age of 65 by the year 2050. Current estimates have 10% of people over the age of 65 and 50% of those over the age of 85 with some form of dementia. With this, a major concern of the aging demographic will be the significant growth in the number of people who have dementia, and providing adequate care for these individuals. We will require more facilities and innovations to improve the efficiency and quality of care. When planning and developing a dementia care facility, a major factor in the design includes the ethical parameters of dementia care and how to provide the best quality of life for these residents. In this project, I summarize some of the many ethical issues to consider when designing a dementia care residence. I conclude with a discussion of different interpretations and approaches used to make facilities as ethical and efficient as possible.

Evidence-Based QI Projects: A Solution to Early Detection of Cognitive Impairment in the Aging Minority Community

Professional Poster Presentation

Dr. Tracy McClinton¹

1. University of Tennessee Health Science Center

According to the U.S. Preventive Services Task Force (USPSTF), by 2040, one in five adults will be over the age of 65, with one in 13 over the age of 85. USPSTF further states the racially ethnic diverse older population is growing and by 2050, 40% of older adults will be non-white. African Americans (AAs) living with dementia, who show significant signs of impairment, are less likely to be diagnosed and treated. In addition, AAs with hypertension show an increased level of cognitive decline and functional disability. Racial and ethnic minorities are more likely to be born into poverty, have limited access to physical activity, poorer employment, lower education, and experience more structural discrimination. All contribute to cognitive decline later in life. Providers and healthcare facilities are often ill-equipped in meeting the growing needs of the aging geriatric population. However, adequate screening and preventive care remain a solution for all races and ethnicities. The USPSTF identified a high-priority evidence gap regarding research in how early cognitive impairment screening in older adults can impact patients' outcomes, their families, and the care clinicians provide. Implementing evidence-based quality improvement (EBQI) projects using the Advancing Research and Clinical Practice through Close collaboration (ARCC) Model has been used to improve patient safety and healthcare outcomes in community settings. Implementing EBQI projects in local clinics and healthcare facilities is a solution to early detection and treatment of cognitive impairment in older adults and improvement in the quality of life of the aging population.

Exercise is a Protective Factor for Motor and Cognitive Function in Early-Stage Parkinson's Disease

Student Poster Presentation

*Ms. Isabel Soto*¹, *Dr. Vicki Nejtek*¹, *Ms. Kirby Doshier*¹, *Dr. Michael Salvatore*¹

1. UNTHSC

Parkinson's disease (PD) is a neurodegenerative disease with aging as the leading risk-factor and with no known cure. Previous research has identified aerobic exercise as a non-pharmacological therapeutic option to potentially reverse or slow the progression of motor decline. However, the impact that regular aerobic activity has on particular domains of cognition in relation to motor functioning remains poorly understood. Here, the primary goal was to identify which cognitive domains may be most responsive to aerobic exercise (2-3x/wk x 3-mos) to better understand its therapeutic benefits on motor and cognitive function in early-stage PD. Independent groups included exercising and non-exercising early-stage PD patients compared matched non-Parkinson's healthy controls (NPHC). Neurocognitive testing revealed that PD exercise subjects performed better on Trail-Making Test (TMT) A and B ($p < .05$; cognitive flexibility, attention) than the non-exercise group and performed comparably to NPHC. The PD exercise group also performed better than the PD non-exercise group on motor tests, with the Timed Up and Go (TUG) reaching significance ($p < .05$). Several significant relationships emerged between motor (TUG, Gait speed, and 6-minute Walking Test) and cognitive flexibility, attention (TMT-A, $p=0.001$; TMT-B, $p=0.000$), and verbal fluency (FAS, $p=0.009$; Animal Naming, $p=0.002$). In summary, PD subjects maintaining a regular aerobic regimen of activity show better motor function, cognitive flexibility, attention, verbal and visuospatial memory than their sedentary counterparts. Future directions include translating these findings using a genetic PD rat model to further elucidate the neural mechanisms underlying exercise-related cognitive and motor performance.

Eyes Open: Recognizing growing opportunities of the longevity economy

Professional Poster Presentation

Dr. Janice Wassel¹, Ms. Lauren Price²

1. University of Maryland, 2. University of Maryland Baltimore County

In 2013, AARP and Oxford Economics documented older adults' economic contribution. This economic power was estimated at \$7.1 trillion. The 2019 report found that the 50+ economic power increased to an estimated \$8.3 trillion. Unfortunately, even as older adults lead healthier, productive lives, the negative stereotypes persist. These stereotypes lead students to believe most career opportunities in aging are in the health and social work fields, yet those sectors account for only 30% of the longevity economy's impact. Understanding older adults' economic contributions will be vital in the post-pandemic recovery as economies and countries adapt to the future of aging societies. This poster discusses how undergraduate students exposed to the longevity economy expanded careers and opportunities to include older adults. Students (freshman to seniors) enrolled in a GEN ED course that focused on the longevity economy were surveyed to evaluate their attitude shifts on the longevity economy. Findings included positive attitude changes towards the longevity economy, product and technology development for and with older adults, and increased acceptance of older adults in the workforce. Using a 10-point scale, students estimated their knowledge change on the longevity economy over the semester. Nearly seventy percent reported a substantial positive change of eight+ in the longevity economy's opportunities. Additionally, 90% reported seeing new career opportunities. No difference was observed by students' gender or class standing. These findings, with others, will be showcased in the poster.

Feasibility and Initial Effect of a Collegiate Interprofessional Intervention on Outcomes for People with Dementia in the Community and Their Caregivers

Professional Paper Presentation

***Dr. Kerry Jordan*¹, *Dr. Michael Gallagher*¹, *Ms. Richelle Weese*¹, *Ms. Emily McIndoe*¹, *Mr. Robert Hogue*¹,
*Ms. Suzette Marks*²**

1. University of Central Arkansas, 2. Conway Regional Health System

Evidence supports non-pharmacological interventions to improve function and cognitive status of people with Alzheimer's Disease and Related Dementias (ADRD). In communities' access to such interventions is limited. Post-secondary schools offering degrees in health professions may improve access. Aims of this pilot were: 1) Evaluate initial effect of a student led interprofessional intervention on cognitive status, quality of life, and functional status of people with mild to moderate ADRD, 2) Determine feasibility (ability to recruit and retain participants and acceptability) of the intervention. The intervention involved weekly 3.5 hour student led sessions over eleven-weeks. Exercise science, nursing, and communication science students led 1 hour of each 3.5 hour session. Students provided cardiovascular, muscular, balance, and stretching exercises; activities such as music, hand massages, crafts, and games; and individualized cognitive therapy including cognitive-linguistic stimulation and personalized strategies. To test feasibility, we tracked recruitment, attendance and retention. We recruited $N = 16$ participants in a three-month period and $n = 12$ (75%) of those completed the study. Of those 12 participants the average number of sessions attended was 8.67. Weekly attendance ranged from 8 – 15 participants. We determined acceptability of the intervention through post evaluation surveys, which we collected and are analyzing. We used pretests and posttests to evaluate function: Katz Index, Lawton Instrumental Activities of Daily Living Scale and the Texas Functional Living Scale for function; Mini Mental State Exam and Arizona Battery of Cognitive-Communication Disorders for cognition; Dem QOL for quality of life. Analysis of these scores is in process.

Fostering Resilience in Late Adulthood

Student Poster Presentation

Ms. Caroline Brown¹, Ms. Harmonie Hill¹

1. Samford University

In our student presentation, we address the quality of emotional care and support in fostering resilience among the elderly. Resilience is loosely defined as optimal coping skills in the face of adversity. Our findings are based on in-depth qualitative interviews combined with a structured questionnaire. The era of Covid-19 presents the elderly population with obstacles that impact their ability to thrive despite increased isolation, unexpected loss of loved ones, failure to maintain routine medical care, and more. Maintaining a strong self-concept combined with unwavering community support enhances resilience in the elderly population. Methodology: For a class project students were individually matched to seniors in a residential senior home respecting Covid restrictions. Our sample consisted of eight seniors (two per student) and were selected based on willingness to participate. Interviews were conducted through Facetime or Zoom. We used an Interpersonal Support Evaluation to assess seniors' access to resources and perceptions of their support systems. Findings: Seniors who were well connected socially and able to manage electronic methods of communication fared better, as this decreased isolation. Elder adults who had access to familial, communal, and medical resources displayed more resilience. Despite the connotation that communal living was detrimental during Covid, elder adults who resided in nursing homes appear to have had higher morale facilitated by their personal values and strengths. Important additional resources were found in communal activities, direct medical care, and outlets to pursue hobbies and interests. We concluded that the conditions that promote interconnectedness and resilience are complex and multifactorial.

Generation to Generation Project: Pairing Students With Older Adult Mentors During the COVID-19 Pandemic

Professional Paper Presentation

Dr. Jeffrey Lentz¹

1. University of North Georgia

To meet the needs of older adults isolated in the midst of the COVID-19 pandemic, we began pairing Human Services and Gerontology students with community-dwelling adults 55 years of age and older, recruited through senior centers and other organizations serving older adults.

Students paired with isolated older adults were tasked with building supportive relationships, assuring that basic needs were being met and that all available community resources were in place, and then documenting their mentor's life stories with an emphasis on the resilience, strength and wisdom of their older adult mentors (to focus and build on their strengths, the older adults we engage with are referred to as our "mentors"). Oral histories and supporting artifacts are archived in the university's library permanent repository.

The oral histories portray unique perspectives into life, strength, and resilience during the COVID-19 pandemic and quarantine. The older adult mentors participating in the Generation to Generation project reported feeling strengthened and connected through their participation in the Generation to Generation project.

To determine if social isolation and loneliness can be ameliorated through participation in the Generation to Generation oral history project, researchers utilized the UCLA Loneliness Scale in pre-and post- participation interviews; findings will be shared.

Gerontologists are from Venus, Computer Scientists are from Mars

Professional Paper Presentation

***Dr. Dana Bradley**¹, **Dr. Taskin Padir**²*

1. UMBC Erickson School of Aging Studies US, 2. Northeastern University

Join us in a tale of two disciplines seeking to solve the decades-old question: **HOW** do we address life changes associated with aging that lead to challenges such as loneliness, related to low quality of life, depression, and potential various health issues? The authors share their journey over the past three years as their interdisciplinary team (from four US and Japanese universities) sought to understand this global question. Learn **WHY** we designed our integrated approaches to simultaneously address the diverse needs of affected individuals in both countries and be sensitive to demographic and cultural backgrounds. Discover **WHO** needed to be at the table across diverse disciplinary backgrounds and stakeholders. Understand the importance of **WHEN** multiple NSF and JST grants opportunities guided the team to develop integrated solutions combining clinical, technological, and computational, AI/ML, and robotics disciplines to mitigate the causes of isolation and loneliness. The paper concludes with lessons learned that highlight the competing and complementary definitions, scientific methods, and research outcomes discovered during this journey leading to an increased awareness of how two very different disciplines can have serious conversations about huge questions.

Get the Secret Sauce to Dementia & Dining

Best Practices Presentation

Mrs. Toni Fisk¹

1. DinnerWEARhc, Inc.

Published author #1 Amazon Bestseller Toni Fisk discusses dementia as a disease and how it can affect the dining experience. The session starts with a brief discussion and description of the characteristics of dementia as it relates to the socialization and the action of eating in your dining space.

We will segue into the service standards and environmental aspects of the physical dining space. Best practice recommendations will be provided for both the standard dining model and what considerations and actions should be undertaken to improve the dining experience for persons living with dementia.

Our overall mission is to provide socialization, increased food consumption, improved hydration, and dining with dignity. We should always be focusing on persons with dementia completing daily activities and tasks for themselves, for as long as they can.

GETTING CONNECTED: Experiential dementia skills training

Professional Poster Presentation

Mrs. Marion Kyner¹, Prof. Kimberly Little¹

1. Longwood University

Nursing students report a lack of comfort in talking with patients who have dementia. The purpose of this study was to determine if a 6-hour dementia training on communication skills increases nursing students' knowledge and comfort when working with patients with dementia. GETTING CONNECTED was developed as a capstone project to identify and illustrate effective teaching approaches for dementia training using the Positive Approach® to Care model by Teepa Snow. The training was designed for nurses engaging in patient care and incorporates experiential learning approaches. Fifty senior nursing students enrolled in the psychiatric nursing course received the training and were asked to voluntarily participate in the study by completing a Pre and Post-test as well as a series of timed skills surveys. Findings on the Pre and Post-test show improvement in knowledge as well as increased comfort with interacting and calming patients with dementia. The data from the skills surveys were inconclusive as students did not complete all surveys. My hope and desire is to extend this training to other nursing education programs and to contribute to the body of evidence-based research in dementia care to illustrate the need to transform nursing curriculum to include more experiential learning and skills building, ultimately helping to change the culture around nursing practice for patients with dementia. Awareness and knowledge are not enough to change care approaches. GETTING CONNECTED uses roleplay, reflective questioning, discussion and coaching to help nursing students learn how to connect and communicate with patients who have dementia.

Granny and PawPaw clever Pinterest boards

Student Poster Presentation

***Ms. Jessica McCarty**¹*

1. University of South Alabama

All individuals have had to find new and innovative methods to communicate and keep active due to the Covid-19 pandemic. Seniors who were use to attending their local churches or senior centers for activities have had to find and create interactive techniques to keep their minds active and shar during this time. This presentation will detail how by using the Pinterest app and utilizing the “Create a Board” option has enabled 5 seniors with the resources to remain creative, inventive, artistic, productive, clever, and original. This group of seniors have gained the knowledge of how to follow others and obtain their own followers(friends) during this time, and essentially have a new outlook on the creative process using technology.

Grassroots efforts to a Multi-year Advocacy Road map to address NC's Direct Care Workforce Crisis

Panel Symposium

***Dr. Sandi Lane*¹, *Mr. Ted Goins Jr.*², *Mr. Adam Scholar*³, *Ms. Heather Burkhardt*⁴, *Mr. Bill Lamb*⁵**

1. Appalachian State University, 2. Lutheran Services of the Carolinas, 3. North Carolina Health Care Facilities Association, 4. North Carolina Coalition on Aging, 5. Friends of Residents in LTC

Certified Nursing Assistants (CNAs) in North Carolina comprise over one-third of the state nursing home workforce; 92% are women, 61% are people of color, and 41% have only a high school diploma or less. CNAs provide 80% of formal caregiving in nursing homes and interact with the residents and families more often than any other staff member. However, many North Carolina nursing homes and other long-term care services and supports (LTCSS) providers have had vacant positions and challenges filling them. A taskforce was formed in 2018, to investigate contributing factors to these challenges and to identify potential solutions. Taskforce members included individuals from state regulatory agencies, state professional associations (i.e. NCHCFA, LeadingAgeNC), North Carolina Coalition on Aging, administrators, researchers, and advocate associations like AARP. Topics included the turnover rate, education needs, availability of CNA training and testing sites, rate of pay, leadership training for nurses, culture change, Medicaid rates, challenging regulations (lack of state reciprocity for CNAs), and the challenges of providers working in silos due to regulations and reimbursement. The diverse membership of the Taskforce intentionally took a collaborative approach to address the multiple challenges of direct care workers and broadened their scope to addressing direct care workers across the many LTCSS providers. This deliberate focus led to the creation of a multi-year advocacy road map for advancing policy reforms for the state's direct care workforce.

Have a Blast Writing your Lit Review - Without Killing a Forest, or Having your Brain Explode.

Technique or Tool Demonstration Workshop

Prof. Elizabeth Tait¹

1. Western Carolina University

Seriously! this is FUN! In 30 minutes, we'll go over how to use EXCEL to collect, sort, and organize your Literature Review. You don't even have to know how to use EXCEL - I'll show you all the tools you need.

I have taught just over 2677 students how to write their Literature Review. I've shown them how to collect, sort and organize their sources so that the Literature Review practically writes itself. I've used this method. No brains exploded.

This entertaining lecture comes with my very own PowerPoint to step you thru the tedious, mind numbing, where did I put that reference?? material to take home and practice on you own.

What's not to love?

Healthcare providers knowledge and perceived role in prevention and management of pressure Injuries in skilled nursing facilities

Professional Paper Presentation

*Dr. Shilpa Krishnan*¹, *Dr. Grace Couture*¹, *Dr. Mahender Mandala*²

1. Emory University, 2. Georgia Tech

Background: Pressure injury (PI) development is a complex process involving direct and indirect factors. Despite evidence-based guidelines, there is a 15% prevalence of PI in skilled nursing facilities (SNFs).

Objective: To assess health care providers (HCPs) perspectives on facilitators and barriers for PI assessment, prevention, and treatment with SNFs.

Methods: 10 semi-structured interviews were conducted with HCPs who worked in a SNF within the past ten years. Interviewees included medical director, podiatrist, physical and occupational therapist, nurse practitioner, registered nurse, licensed practical nurse, and certified nursing assistant. Data were analyzed using thematic content analyses.

Results: Nurses and nurse assistants were the most identified HCPs with a role in PI management and 80% of HCPs felt nursing assistants played a vital role in as early direct care providers. 80% of HCPs reported some form of a wound care team in their facility; however, there were variations across the wound care team members and communication between the team members. HCPs felt older adult participation in PI care was limited by cognitive impairment. Despite perception of involvement in PI assessment, prevention, and management; HCPs self-reported 71% preparedness for PI prevention and identified further training for improved preparedness. Barriers to effective PI management, identified by 60-80% of HCPs, included low staffing, limited training, and limited access to resources to manage PI.

Conclusions: This study revealed variability around wound care practice patterns across SNFs influenced by case mix, workplace culture, and geographic location. Low staffing was a barrier to PI assessment, prevention, and management.

Healthy Aging Education: A Comprehensive Approach to Reaching Older Adults

Professional Poster Presentation

Mrs. Kathy Tutt¹, Ms. Lorrissa Dunfee¹

1. Ohio State University Extension

The elderly population, those over the age over 65, has grown and will continue to grow both in numbers and as a percent of the total population. Research indicates that with the aging process there are many transitions and lifestyle changes that are unique. Research shows that, maintaining a level of health and wellness to sustain the level of independence they enjoy is a major challenge many elders face. Of those changes the loss of independence and isolation are two that stand out as primary concerns. There is a need for group educational programs to address the unique issues associated with aging that will promote health and wellness in later life. Historically, Ohio State University Extension has developed and delivered in-person research based educational programs uniquely designed to meet the needs of older adults. However, the COVID-19 pandemic forced many older adults to quarantine at home forcing them to forego any in-person events. Recognizing that the need for education and connection during this time was a critical need, Ohio State University Extension professionals sprung into action, creating a comprehensive approach to reach older adults in a space that best suited them. The team utilized social media to develop a month-long falls prevention campaign, created two webinar series, recorded monthly telecasts and posted multiple blogs. This comprehensive approach allowed the team to reach older adults in ways that were convenient for them. This poster will explain in more detail the tools used and the impact that was made through this outreach effort.

Honoring indigenous identity and resilience among refugee older adults: an analysis of social media representation in the Montagnard community of North Carolina

Professional Paper Presentation

Dr. Sudha Shreeniwas¹, Dr. Sharon Morrison¹, Mr. Saif Al Amin¹, Mx. Imani Mitchell¹

1. University of North Carolina at Greensboro

In North Carolina, Montagnard refugee-origin older adults experience lower socioeconomic status, poorer health, lower literacy and numeracy, but have demonstrated incredible resiliency in the face of these challenges. Many carry the oral history of their tribes and are skilled in cultural arts that are rarely passed on to or appreciated by the next generation. Their strengths include close family and church networks that reduce isolation and can support digital connections. Social media may be a useful tool for bridging generation gaps and increasing understanding of the cultural contributions of elders.

We conducted a social media analyses of postings by the Montagnard American Organization (MAO), which is the youth arm of the Montagnard Dega Association (MDA). MDA is the main nonprofit serving the community, during 2019-2021. We analyzed postings on Facebook, Facebook Messenger and YouTube platforms, and Zoom meeting transcripts. We explored message content, impressions, mentions, 'shout outs', announcements, and engagement. We identified four key domains of communication regarding older persons: (1) participation in the 2020 Census and elections; (2) dispelling myths about the COVID19 pandemic and promoting evidence-based preventive practices; (3) honoring ethnic identity through showcasing the contributions and heritage of older adults; (4) building connections with other indigenous origin older adults.

In summary, social media was used to create more awareness among Montagnard youth about the contributions of the older generation; promote innovative and best practices for health and wellbeing among the older generation during the COVID19 pandemic; and elevate positive tribal identity within this diverse refugee origin community.

Implementing Story Theory as a Culturally Responsive Research Method to Navigate the “New Normal”

Professional Paper Presentation

Dr. Lisa Wiese¹, Dr. Ishan Williams²

1. C.E. Lynn College of Nursing, Florida Atlantic University, 2. University of Virginia

In the past two years, health care providers have been asked to respond to a “universal distress call,” initiated by unprecedented fires and floods, pathogens, and pandemics. These burdens have been exacerbated in underserved populations, including those who are older, live rurally, and are racially/ethnically diverse. Research questions often arise regarding how to best identify what matters most, and how to respond effectively, in such challenging circumstances. The purpose of this presentation is to demonstrate Smith and Liehr’s “Story Theory” (2005) caring science approach as a research methodology for addressing those challenges, as “stories are a fundamental dimension of human experience.” By exploring the past health history, present health challenges, and future hopes, and following seven specific strategies, the researchers have aided individuals and communities in determining new “story paths.” Varied examples of this approach are provided, such as defining the term “trauma clusters” to aid persons who are face the triple threat of poverty, a Category 5 hurricane, and the Covid-19 pandemic without resources (Levarity, 2021). Other examples include demonstrating the success of faith-based approaches to increasing early dementia detection (Wiese et al., 2021), and the use of robotic pets to improve mood and behaviors in isolated persons with mild to moderate dementia (Streit et al., 2021). Attendees will then be asked to identify a research problem they wish to investigate, and begin creating a story path using Smith and Liehr’s strategies to achieve positive outcomes in the target setting.

Implications of Custodial Grandparenting: A Strengths-Based Approach to Examining Caregiver Well-Being

Professional Poster Presentation

Dr. Sarah Rakes¹

1. Radford University

Background and Purpose: Custodial grandmothers play a critical role in families, particularly in the Southeast United States, where there are estimated to be twice as many custodial grandmothers as compared with other regions (Phillips & Alexander-Eitzman, 2016). The purpose of this study is to examine the psychological well-being of custodial grandmothers compared to their non-caregiving peers and to understand the factors that contribute to positive well-being. **Methods:** In this study I examined the well-being of custodial grandmothers compared to their non-caregiving peers using data from the 2014 wave of the *Health and Retirement Study* (HRS) ($N=4,408$). **Results:** There were not significant differences between custodial grandmothers' and their non-caregiving peers positive affect or life satisfaction after controlling for demographic variables, adaptive traits, and external resources. Custodial grandmothers experienced higher negative affect than their caregiving peers ($b=.14, p<.05$) and diminished purpose in life ($b=-.19, p<.05$). There was a statistically significant interaction between caregiving and social support such that social support buffered the impact of custodial caregiving on negative affect ($p<.01$). **Conclusions and Implications:** Overall, custodial grandmothers experience positive affect and life satisfaction similar to their peers. While negative affect is higher for caregivers, perceived social support is an important resource that buffers this relationship. This topic should also be considered when developing intervention approaches for grandparent caregivers that emphasize enhancing social support to reduce negative outcomes.

Incorporating the 4Ms to Improve Patient Care: Integrated Memory Care Clinic's Journey to Become an Age-Friendly Health System

Best Practices Presentation

Mrs. Laura Medders¹, Dr. Carolyn Clevenger¹

1. Emory University

The Integrated Memory Care Clinic, a primary care clinic for people living with dementia, transformed our practice to incorporate the 4Ms: what matters, medications, mentation, and mobility. All of the IMCC's patients have dementia, and most have multiple comorbidities. Practice guidelines to treat specific diseases often don't take into account the patient's goals that may change by dementia stage. The practice standardized workflows to ensure the patient's health goals were addressed within our clinical practice.

During Annual Wellness Visits, the registered nurse addresses many of the 4Ms. An evidence-based falls risk assessment, STEADI, addresses changes or concerns in mobility. Written suggestions are incorporated into our patients' written care plans to improve mobility and balance. This includes changes in medications. The RN prompts conversations about their health goals so the care team can better work together for the patient's desired outcome.

The IMCC conducts annual cognitive assessment visits to comprehensively address changes caused by dementia. These appointments address brain health by assessing changes in a patient's cognition and function; this assessment varies by stage. A cognitive assessment visit allows providers to have focused discussions regarding a patient's recent cognitive changes and to answer questions about what changes to expect, allowing patients and families to better plan for what's next.

Written care plans with individualized treatment recommendation for patients have been useful for patients and families to achieve these health goals. By incorporating these strategies, the practice achieved official recognition as an Age-Friendly Health System.

Interests and willing-to-pay for “village-style” aging in community model – comparing older adults participated in the neighborhood lunch program (NLP) and lifelong learning program (LLP)

Professional Poster Presentation

*Prof. Su-I Hou*¹

1. School of Global Health Management & Informatics, University of Central Florida, Orlando, FL

Village program has become a promising aging-in-community (AIC) possibility for older adults. This study examines interests towards “village-style” AIC model among older adults participated in the neighborhood lunch program (NLP) and lifelong learning program (LLP). A total of 193 participants were recruited from a NLP and a university-based LLP from the same county, with 57% from the lifelong group. Mean age was 73.2 (SD=7.78) years. The majority were females (78%). LLP participants were younger (70 vs. 77 years; $p<.001$), had more whites (95% vs 24%; $p<.001$) and college degrees (92% vs 31%; $p<.001$). Data showed that both the NLP and LLP participants were long-time residents in their current communities (21.86 and 18.96 years; non-significant). In terms of willingness-to-pay (WTP) annual individual membership fee for the “village-style” AIC program, about 75% of the NLP participants indicated in \$0-99 USD range, whereas about 45% of LLP members reported WTP \$300 and above ($p<.001$). The WTP annual fee for the whole household was also lower among NLP members (86% reported less than \$199 USD) than LLP members (60% reported \$300+ USD). Likelihood-to-join (LTJ) such “village-style” program (2.86 vs. 3.76; $p<.001$) or interests in getting involved with its governance (2.29 vs. 3.33; $p<.001$) were lower among NLP than LLP participants. Current data provided new insights on the characteristics, WTP, and LTJ of “village-style” AIC programs among these two groups of participants. Research is recommended to identify key factors influencing WTP and LTJ among older adults for future village-style program planning and recruitment.

Intergenerational Interactions: Cultivating Learning Activities to Cross Bridges

Student Poster Presentation

Ms. May Frances Johnson¹

1. University of Central Oklahoma

This paper demonstrates the significance of teaching aging in early childhood. It aims to inspire and foster positive relationship-building among generations through a children's book. The story narrates a look at the intergenerational interaction between a young boy and his grandmother, covering a day detailing and, more importantly, highlighting the complex yet gentle teachings of traditional knowledge through instructive and fun activities. The storybook highlights enriched-based interactions of shared intergenerational experiences that serve as a learning tool about life's natural cycle and challenge preconceived notions while increasing the value of shared experiences. In sum, the storybook connects young and older generations through healthy intergenerational activities that better inform generational biases.

Intergenerational Service-Learning Experiences in Event Management Undergraduates Involved in Pickleball

Professional Poster Presentation

***Dr. Jungsu Ryu**¹, **Dr. Jinmoo Heo**²*

1. Marshall University, 2. Yonsei University

This study sought to determine the impact of service-learning experiences on undergraduates' attitudes toward agism, civic engagement and their mental health. The study participants were 211 students enrolled in five event management courses offered by a tourism department over five consecutive semesters: 52, 17, 53, 27, and 62 students enrolled in each. The courses were taught at a public university in the southern U.S. All students were required to conduct service-learning projects in the community by actively volunteering in community-based events and/or organizing and implementing events (pickleball competition). Two-way ANOVA was conducted to determine whether there were any differences associated with pre-/post-service-learning experience and involvement in pickleball competition (unexperienced vs. experienced) in the outcome variables (agism, civic engagement, mental health). The students enrolled in Spring 2014, Fall 2014, and Spring 2015 classes participated in service-learning projects, their experiences did not include any direct interactions with older adults throughout the semester, whereas the primary component of the Fall 2015 and Spring 2016 classes was preparing, hosting, and running pickleball tournaments in collaboration with the local pickleball club in which the majority of the members were retirees. It was found that the service-learning experiences were associated with increased levels of mental health and civic responsibility. Interacting with the older adults by being involved in the pickleball competitions also led to better mental health and better agism attitudes.

Is Sexuality Important Within Our Whole Lives?

Professional Paper Presentation

Dr. Barbara “Suzy” Diggle-Fox¹, Dr. Susan Glose¹

1. UNCW

In humans of all ages, including older adults, sexual health is closely linked with health, quality of life, overall well-being, and connection and intimacy with others. The World Health Organization defines sexual health or well-being as “a state of physical, emotional, mental, and social well-being in relation to sexuality. The purpose of this presentation is to present literature research findings pertaining to sexuality in older adults and to translate these findings into useful processes and tools that can be used by health care providers to support comfort in sexuality and sexual well-being of older adult. The prevailing perception in Western culture is that as people age, they lose interest in sex. The more aware and educated nurses, the older population and other older health care providers are of the older population’s sexuality needs and the barriers of these needs, the chance of this population being healthier and sexually satisfied will be increased. Older couples who described their sex life as satisfying stated that it takes caring, love, affection, communicating, time and work and that it is worth it! Sexuality continues to be important within the older population and it must be recognized as a significant portion of their overall care! Sexual needs are here to stay! More research is needed within all areas of sexuality regarding older adults. Don’t most of us want the option of having a healthy sex life as we age? Remember it is the journey not the destination, enjoy the sensations and pleasures on the way!

Male informal non-spousal caregivers for persons with dementia: A neglected viewpoint

Student Paper Presentation

Mrs. Gretchen Tucker¹

1. University of Maryland, Baltimore

Informal caregivers (ICGs) for persons with Alzheimer's disease and related dementias (P-ADRD) are an integral part of the long-term health care system. They are relied on to provide care which, they have not been trained to do and often spans several years as P-ADRD live an average of four to eight years following diagnosis. Research has been limited on key populations of ICGs for P-ADRD, particularly male non-spousal informal caregivers. Women have traditionally taken on the role of caregiver; however, this has been changing as ICGs are becoming more diverse ethnically, racially, and by gender. In addition, more men are beginning to take on the role of caregiver with the decline in the available number of caregivers. The aim of this descriptive qualitative pilot study was to understand the experiences of male informal caregivers for P-ADRD. The study consisted of one-on-one interviews with three non-spousal male ICGs for P-ADRD. Findings suggest that caregivers varied as to whether they confided in others about their experiences of being ICGs. They also discussed the transition to becoming a caregiver and the use of technology to provide care from a distance. This research will contribute to identifying characteristics of male non-spousal informal caregivers to be measured in representative studies to determine those who will benefit from specific programs, services, and resources to enhance dementia care for all P-ADRD.

Mastering the Challenges of Aging in the Workplace: Intersectionality in Netflix’s “The Chair”

Technique or Tool Demonstration Workshop

*Dr. Jaye Atkinson*¹

1. Georgia State University

“*The Chair*” is a Netflix series focusing on the first woman of color to be named chair of a failing English department. The six-episode series details her struggle, as well as the struggles of her older, white colleagues and her younger, black colleague. Their contrasting stories provide an excellent mediated example for various workplace discrimination experiences.

In this workshop, the Netflix show “*The Chair*” will be used as an educational tool. Clips from this show illuminate discrimination based on age, gender, and race and how that discrimination can impact one’s personal and professional life. By examining particular scenes in this show, we will be able to discuss verbal and nonverbal communication that reinforces negative stereotypes and prejudices. Identifying these particular behaviors enables a critique of them and the development of productive responses. If this were real, how could we make it better? For all of us?

Materials provided in this workshop will include:

1. Resources related to Title IX and the Age Discrimination in Employment Act;
2. Scene and transcript analysis exemplifying discrimination;
3. Discussion questions to use with a variety of audiences (e.g., students, employees supervisors);
4. Communication and media vocabulary to deepen participants’ understanding of the role of interpersonal communication and the impact of the media on ageism, sexism, and racism.

Medication Reconciliation Perfection

Student Poster Presentation

Mr. Gibson Erhunmwunse¹, Dr. Elaine Bundy²

1. University of Maryland, 2. University of Maryland, Baltimore

Abstract:

Medication error is a health care problem found throughout the healthcare system, and one that causes millions of preventable hospital readmissions, adverse drug events and approximately 10,000 deaths annually in the United States. Experts estimate that up to forty percent of all medication errors occur during care transitions, either within a facility or across facilities. Medication errors are due partly to poor care coordination, incompatible information systems, and lack of a standardized reconciliation process.

This poster presentation will focus on a quality improvement (QI) project implemented at an urban home health agency (HHA) to improve the intake process and standardize the medication reconciliation process to reduce medication errors. Post-facto analysis of the HHA patient medication treatment plans prior to project implementation found a medication error rate of 4.8% that impacted patient quality outcomes. The new medication reconciliation process implemented was guided by the Medication at Transitions and Clinical Handoffs (MATCH) Toolkit an evidence-based best practice.

Project implementation was successful in reducing medication errors. Medication errors were reduced to zero after four weeks of implementation and maintained for the duration of the project. Staff training, weekly project reviews, data analysis, ongoing process re-evaluation to address gaps were critical in achieving project success. The roll of the project champion, major stakeholders and agency's innovation-values fit were major factors for successful implementation and sustainability.

Come to this presentation to learn the key facts of an evidence-based medication reconciliation standardization processes (MATCH Tool Kit) to improve medication errors.

Memory-Related Limitations and Care Needs of Gender Minority BIPOC Adults

Professional Paper Presentation

***Dr. Ethan Cicero*¹, *Dr. Jason Flatt*²**

1. Emory University, 2. University of Nevada, Las Vegas

Limited research exists investigating cognitive impairment and Alzheimer's disease and related dementias (ADRD) among gender minority (GM) adults (transgender/non-binary), including examining memory-related challenges among GMs who also identify as Black, Indigenous, or People of Color (BIPOC). The health and social inequities endured by GM-BIPOC are linked to an increased risk of cognitive impairment in cisgender (CG) adults. Subjective cognitive decline (SCD), a self-reported experience of worsening cognitive performance, may be the first clinical manifestation of ADRD.

2015-2019 Behavioral Risk Factor Surveillance System data were used to create a 1:4 matched analytic sample (1GM matched to 2CG males/2CG females on state, age, race). Logistic regression models examined SCD-associated limitations and care needs of GM-BIPOC (N=181), GM-White (N=517), CG-BIPOC (N=721), and CG-White (N=2068) adults aged 45-79 who endorsed SCD.

GM-BIPOC were 2.5-5.1x more likely to be uninsured and experience cost-related healthcare barriers compared to GM-White and CG-White/BIPOC. GM-BIPOC were 2.1-4.7x more likely to have SCD-related limitations, require assistance with daily tasks, and gave up household activities/chores due to SCD when compared to GM-White and CG-White/BIPOC. After accounting for demographic characteristics, GM-BIPOC were 3.6x more likely to report a SCD-associated limitation when compared to CG-White.

When considering the intersection of GM status and identifying as BIPOC, we found that GM-BIPOC adults have significant cognitive and related functional challenges that require the attention of clinical interventions aimed at promoting brain health, reducing ADRD risk, and improving quality of life for this understudied and underserved population.

Mental Health & Mental Illness: An Educational Program for Older individuals

Student Poster Presentation

***Ms. Kaylee Price*¹, *Dr. Tina Newsham*¹, *Mrs. Elizabeth Fugate-Whitlock*², *Ms. Melannie Pate*²**

1. Gerontology Program, UNC Wilmington, 2. University of North Carolina Wilmington

The number of older adults is growing at a rapid pace within the United States. Many older individuals are not educated on mental health and do not seek treatment for mental illness because of stigma, which is partly due to a lack of education. Stigma, in turn, causes a lower quality of life. Older adults, as well as any age within the population, can benefit from being educated about mental health and mental illness, which can lower the stigma in the older adult population when it comes to speaking about mental health/illness. I offered a 5-week program to older individuals at an independent living facility covering topics related to mental health and mental illness. Participants were given a pre-test and posttest survey to measure their knowledge on mental illness and mental health, as well as stigma (using the Mental Health Literacy Scale). An evaluation for each session was also given. Results of this study are currently being assessed.

Minority Stress and Disability among Sexual Minority Adults

Professional Poster Presentation

Dr. Jeffrey Lentz¹

1. University of North Georgia

The changing demographics and growing diversity in the United States pose significant challenges for researchers, particularly scholarship involving sexual minority adults' health and aging processes. Not much is known about how all minority stressors could lead to a disability. Sexual minority adults are at a greater risk of developing a disability later in life than their heterosexual counterparts (Fredriksen-Goldsen, Kim, and Barkan 2012). Drawing from critical components of the disablement process model (Verbrugge and Jette 1994), this research sought to understand the relationship between minority stress and disability status among sexual minority adults 50 years and older. Minority stress in the context of the disablement process model is a social condition. While exploring the relationship between minority stress and disability status, intra-individual factors and extra-individual factors were assessed to see if they mediated the relationship between minority stress and disability status among sexual minorities 50 years and older.

Using data from the NHAS 2010 study of 1,513 sexual minority adults, this research found that discrimination was significantly associated with having a disability. None of the intra-individual factors and extra-individual factors mediated the relationship between minority stress and disability; however, several intra-individual and extra-individual factors were associated with greater or lesser odds of experiencing a disability. On the one hand, the disablement process model does not support minority stress as a social condition leading to a disability. On the other hand, the results support the ideology that experiencing discrimination is associated with a disability. Implications for academics and practitioners were explored.

Motivation to Learn, Multilingualism, Literacy, Numeracy and Digital Skills across the Adult Life Stages in the U.S.

Student Poster Presentation

***Ms. Shalini Sahoo*¹, *Dr. Takashi Yamashita*², *Dr. Roberto Millar*³, *Dr. Phyllis Cummins*⁴**

1. University of Maryland, Baltimore, 2. University of Maryland, Baltimore County, 3. The Hilltop Institute, 4. Miami University

Lifelong learning or continuing adult education over the life course has become more important to navigate increasingly complex modern societies. Motivation to learn (MtL) is arguably the first step for engaging in lifelong learning. Also, in the U.S., most educational materials are in English and the electronic format (i.e., online, digital file). Therefore, basic skills such as English literacy, numeracy and digital skills are critical for lifelong learning. The purpose of this study was to examine the associations between MtL, multilingualism, and basic skills, using the nationally representative data from the 2012/2014/2017 Program for International Assessment of Adult Competencies (PIAAC) restricted use file (RUF). Using a previously validated latent MtL construct, multigroup structural equation models were estimated by four age groups — 25-34 (n = 2,310); 35-44 (n = 1,610); 45-54 (n = 1,670); 55-65 (n = 1,700) and 66+ (n = 930). Results showed that being multilingual was only associated with greater MtL among younger age groups, including age 25-34 (b = 0.21, $p < 0.05$) and 35-44 (b = 0.29, $p < 0.05$). All three basic skills were the important MtL predictors among the middle-aged and older age groups (e.g., Numeracy b = 0.01, $p < 0.05$ in Age 66+ group). Findings suggest that education policies that encourage younger multilingual adults are likely to be effective. Yet, for middle-aged and older adults, providing basic and digital skill training should arguably be more prioritized to promote lifelong learning. More detailed interpretations of empirical results and theoretical explanations are needed.

Moving Past Emergency Responses: Care as Essential Infrastructure

Panel Symposium

Dr. Cindy Cain¹

1. University of Alabama at Birmingham

Living through the COVID-19 pandemic has had transformative impacts in the world of care, some negative and some positive. Throughout the pandemic, the terms of the dialogue about care have changed—its provision now redefined as infrastructure; its providers as essential workers (both remunerated and not). Despite the ways in which care work is, more than ever, essential to support society and the economy, it is often overlooked by governments and left to the market to regulate, even in countries reputed to have better and stronger government regulation of employment and public health. Additionally, as we look to the future, many are calling for more technological advances to confront the care gap and improve quality of life for care recipients. New technologies also present new challenges, including ethical issues, financial considerations, unequal access, and unintended effects.

These topics were taken up by a virtual symposium organized by the Carework Network. In this presentation, symposium organizers will synthesize the symposium conversations about defining care, the role of the state in supporting care, and questions of technological solutions to care needs. Presenters will outline how each area positions scholarship, policy, and activism in new directions.

Navigating Tradition and Innovation in a Fire Department and Social Work Partnership

Best Practices Presentation

***Prof. April Wilson*¹, *Ms. Tamarah Taylor*², *Mr. Skyler Phillips*³, *Ms. Laurel Desmarais* □¹**

1. University of Tennessee at Chattanooga, 2. University of Tennessee at Chattanooga, 3. Chattanooga Fire Department

The City of Chattanooga's fire and rescue services have experienced an increase in calls for assistance from people needing help with mobility, either because they have fallen or settled in a position from which they cannot get up. In many instances, medical devices and in-home nursing are appropriate interventions to improve safety and mobility and minimize the risk of future falls. In response to increasing incidents of adults who are elderly or experiencing disabilities calling the fire department in recurring non-emergency situations, the Chattanooga Fire Department (CFD) approached the UTC School of Social Work to develop CFD Connect. CFD Connect places MSW interns with CFD to engage frequent callers and assess underlying issues and opportunities to improve well-being and safety. MSW interns then refer callers to social service agencies, advocate with insurance companies and private healthcare providers, and provide ongoing case management specific to individual needs. The program's goal is to decrease citizen dependence on fire and rescue while increasing independence in their home through access to appropriate and necessary medical care. In the first year, CFD Connect resulted in the smallest percentage increase (10.8%) in non-emergency calls from September to May in comparison to those of the past five years

Nursing Home Resident Councils: Supporting Development of Self-Advocacy Among Nursing Home Residents

Professional Paper Presentation

Dr. Willa Casstevens¹, Dr. Kim Stansbury²

1. Buena Vista University, 2. North Carolina State University

This paper presents how the collaborative efforts of a non-profit agency, ombudsmen, elder-care professionals, and land-grant university social work faculty, used community resources, state organizations and professional networks to support nursing home resident council development in North Carolina. The impact that active nursing home resident councils can have on resident well-being, based on available literature, is summarized. Social work faculty sought and received grant funding from Centers for Medicare & Medicaid Services to work with community partners in developing and producing a series of brief video modules, accompanied by manual and training hand-outs. Consumer voices, professional consultants, and agency and state employee input contributed to the development of this training material for North Carolina nursing home facility resident groups and councils.

Resident council members can use these modules to further develop skill sets and increase their council's institutional empowerment, contributing to improving nursing home residents' quality of life through network advocacy. Nursing home activity directors and social work staff can use these modules to increase and enhance staff and resident engagement with resident councils. Training packets are piloted in participating North Carolina nursing homes. Once finalized, training packet material will be made accessible for dissemination through partnerships between Friends of Residents in Long Term Care (FOR), and Area Agencies on Aging (AAA) to allow for long-term sustainability.

Nursing Home Sustainability: A Follow-Up Panel Study of Controlling Covid-19 Infections

Student Poster Presentation

***Mr. Cheng Yin*¹, *Ms. Rong-Fang Zhan*¹, *Prof. Liam O'Neill*¹**

1. University of North Texas

Background: Due to high Covid-19 infections and mortality rates, some nursing homes couldn't sustain their facilities and were forced to shut down. Most existing studies were cross-sectional studies, which can't capture risk factors beyond the short study period. Therefore, this study aims to determine robust factors related to nursing home resident Covid-19 infections during eight weeks in the Dallas-Forth-Worth area. *Method:* A total of 318 nursing homes in the DFW area was selected from the CMS dataset. Each nursing home was repeatedly measured eight times from September 1st to October 31st (n = 318, observations = 2,544). Independent variables included staff weekly confirmed Covid-19 cases, passed quality assurance check, total number of occupied beds, shortage of staff, etc. The dependent variable was resident weekly confirmed Covid-19 cases. Hausman chi-square test and the robust fixed-effect model were used for our panel study. *Results:* The results of the robust fixed-effect model indicated that passed quality assurance check, staff weekly confirmed Covid-19 cases, and shortage of nursing staff were associated with nursing home resident Covid-19 infections. *Conclusion:* Before the Covid-19 vaccination period, these factors were robust to nursing home resident Covid-19 infections. Nursing homes are recommended to center on these factors to prevent, protect, and manage infections and minimize outbreaks and fatalities to maintain sustainability.

Pandemic Positives

Professional Paper Presentation

Dr. Adrienne Cohen¹

1. Georgia Southern University

Often people focus on the negative or challenging parts of the COVID-19 pandemic. The focus of this research is on the positive aspects of the pandemic for older adults. Results are a subsection of a larger community needs assessment which took place in southeastern Georgia during the second year of the pandemic. Four focus groups at senior centers (n=29) and 6 one-on-one interviews with older adults took place between June and September of 2021. Participants included thirty-five older adults ranging in ages from 63 to 87. Eleven were white, 23 were African American, and one was of mixed race. Results for this presentation came from the questions, “How has the pandemic positively affected the lives of older adults in your area?” and “What lessons have you learned from the pandemic?” Lessons learned included statements regarding staying safe, healthy, and informed. Participants also learned the importance of being kind to others. For positive effects, participants discussed the connections they had with others. This was mostly family members but also included neighbors and other community members. Another positive was their ability to help others. The presentation will include quotes from participant to help bring their positive experiences and lessons learned alive.

Passing the Torch: Modeling the Teaching of Interprofessional Geriatrics

Professional Paper Presentation

Ms. Kimberly D. Davis¹, Dr. Constance Coogle¹, Dr. Sarah A. Marrs¹, Dr. Ishan C. Williams², Dr. Kristin Zimmerman¹, Dr. Pamela Parsons¹, Dr. Patricia Slattum¹, Dr. Edward F. Ansello¹, Dr. Leland H. Waters

1

1. Virginia Commonwealth University, 2. University of Virginia

Faculty development programs (FDPs) are an effective, evidence-based method of promoting the knowledge, skills and self-efficacy of faculty. However, the implementation and sustainability of curricula are rarely reported. Furthermore, the challenges to sustaining programmatic implementation of interprofessional FDP curricula, in academic and clinical settings over time, have yet to be extensively evaluated. Using dynamic sustainability as a framework, we aimed to assess the evolving barriers and facilitators that influence the implementation and sustainability of the geriatrics curriculum Capstone projects designed by faculty scholars in our FDP. We planned to report on projects that were and weren't successful. A survey, sent to 115 faculty scholars, from eight different cohorts who completed our 10-month FDP, recruited faculty participants and set the stage for qualitative data collection to help us better understand the sustained impact of the program. Thematic analysis of virtual interviews with 17 Scholars revealed several key factors facilitating and hindering the implementation and dynamic sustainability of curricular projects. Three major themes and sub-themes were identified as follows: Project Implementation (Supportive Factors, Hindering Factors and Filling in Gaps in the Field); Pedagogical Development (Enhancement of Skills and Culture Change); and Sustainability Impact (Project Sustainability, Career Development and Passing the Torch). Opportunities for skill development that support these factors favorably may enhance the ability to impact project sustainability, and therefore the workforce development aspects that catalyze practice change. Implementation of geriatrics-focused FDPs provides an evidence-based approach to sustainability. Further study of the ongoing barriers and facilitators to sustainability is encouraged.

Perceived Stress and Rumination: A Review of Baseline Data for the Practice of Acceptance, Awareness, and Compassion in Caregiving (PAACC) Study

Professional Poster Presentation

*Dr. Lauren Hagemann*¹, *Dr. Katherine Luci*¹, *Dr. Mamta Sapra*², *Dr. Tina Savla*³

1. Salem VA Medical Center, 2. Salem VA, 3. Center for gerontology Virginia Tech

As the prevalence of dementia in Veterans is predicted to increase three-fold in the coming decades, the Veterans Health Administration has made empowering informal caregivers a top priority. Current evidence-based caregiver interventions, such as REACH-VA, focus on cognitive and behavioral strategies to lessen caregiver burden. The Practice of Acceptance, Awareness, and Compassion in Caregiving (PAACC) incorporates mindfulness as the main mechanism for reducing caregiver strain. The goal of this intervention is to help caregivers develop increased present-focused acceptance and awareness of their reactivity to care-related stressors versus remaining fixed on aspects of care they cannot change. This poster presents baseline data gathered from the PAACC study; a randomized controlled trial that aims to test the effectiveness of a four-session, mindfulness-based intervention with a population of dementia caregivers of Veterans. Specifically, we highlight the relationship between perceived stress and rumination. To date, 91 caregivers have completed the intervention (mean age of 66 y/o, 80% female). Seventy percent of the sample has been a spousal caregiver. Nearly 75% of the sample have greater than a high school education. It was observed that perceived stress was found to be positively correlated with rumination, $r(89) = .21, p = .045$. It is hypothesized that caregivers randomized to the PAACC intervention will benefit from the mindfulness based strategies, and will experience increased acceptance and compassion in their caregiving role. Additionally, we project that mindfulness will reduce the impact of the perceived stress and rumination, which is often associated with dementia caregiving.

Physical Activity and Aging: Exploring Motivations of Masters Swimmers

Professional Poster Presentation

Ms. Susan Brilliant¹, Dr. Maria Claver¹, Ms. Patti LaPlace¹, Ms. Cynthia Schlesinger¹

1. California State University Long Beach

Physical activity benefits the health and wellness of older adults (e.g., lowering risk of cardiovascular disease, depression, dementia, and falls). However, less than 1 in 4 Americans meets guidelines for physical activity and inactivity increases with age. Masters athletes are exemplary because of their remarkable physical functioning. Swimming is a global, fast-growing sport in Masters athletics. This qualitative study explored motivations and barriers of 18 older adult members of a Masters swim club in Southern California. Guided by a primary research question: Why do Masters swimmers choose swim late in life, when most of their age cohort are becoming less physically active, semi-structured interviews delved into the lived experiences of the participants, and solicited peer feedback. Four main themes emerged: (1) I Just Love the Sensation of Being in the Water, (2) Tell Your Body What to Do Instead of the Other Way Around, (3) Make a Commitment to Your Friends That You're Going to be There and (4) I've Never Gone This Long in My Life Without Swimming. Participants expressed longing and regret that they could not swim due to COVID risk and safety guidelines. These findings can be used to design community programs to promote lifelong physical activity participation.

Place Matters: Understanding the Spatial Relationships of African American Churches Committed to Supporting Families Facing Dementia

Student Paper Presentation

Mr. Augustine Cassis Obeng Boateng¹, Ms. Mia Chester², Ms. Janelle Gore³, Dr. Fayron Epps³

1. University of Pennsylvania School of nursing, 2. Georgia State University, 3. Emory University

The Alter program was established to assist African American churches in meeting the needs of families facing dementia and becoming a viable resource to promote their health and wellness. The Alter program does this through a 3-pronged approach: 1) conducting educational sessions; 2) modifying African American churches to be dementia-inclusive spaces; and 3) providing ongoing support. Using national data from the 2017-2019 American Community Survey, we performed descriptive analysis on block-level data in ArcMap to determine the location of Alter church partners in Fulton County and factors such as health insurance, median household income, poverty status, and households receiving public assistance income that make up the neighborhood they serve. Superimposed church locations and choropleth map of factors of interest were used to identify areas with a high concentration of African Americans, percentage of people with no health insurance, median household income, poverty status, and household with public assistance income in relation to church location. Overall, Alter church partners were located on the southside of Fulton County and in block groups with a high concentration of African Americans, low median household income, poverty, and receiving a high percentage of public assistance income. These findings highlight the opportunities churches have to address health disparities within underserved communities by serving as a conduit in providing care for older adults. Therefore, it is critical for clinicians, researchers, and policymakers to understand the environment of Alter church partners and other faith communities in order to develop targeted interventions to address disparities in dementia care.

Predictors of Telemedicine Adoption Among Older Adults

Student Paper Presentation

***Ms. Cherrie Park*¹, *Ms. Soobin Park*²**

1. The Ohio State University, 2. Washington University in St. Louis

Although COVID-19 has highlighted the advantages of telemedicine both for patients and healthcare providers, older adults are known to least adopt telemedicine among all age groups. In response, the current study aimed to examine the predictors of telemedicine adoption among older adults both at individual and environmental levels. For this aim, the authors conducted an online/offline cross-sectional survey since February 2021. The survey responses have been collected by 216 participants aged 65 or older in the US. A regression analysis showed that the participants' telemedicine adoption was significantly associated with prior experience of using telemedicine ($\beta=.451$; $p=.000$), eHealth literacy ($\beta=.297$; $p=.000$), and peer influence ($\beta=.186$; $p=.002$). The results indicate that the participants were more likely to use telemedicine when they had used it in the past, when they had a higher level of eHealth literacy, and when they knew more people around them who also use telemedicine. Regardless of these predictors, their post-COVID intention to adopt telemedicine was higher than the pre-COVID-19 intention. The findings of this study not only support previous research but also provide a more comprehensive understanding of telemedicine adoption among older adults. As known from previous research, individual characteristics are related to older adults' intention to use telemedicine (e.g., prior experience and eHealth literacy). In addition, environmental factors were as much critical (e.g., peer influence and the pandemic). Future efforts should be made to help older adults build digital skills needed to utilize telemedicine and to offer positive stimuli for telemedicine adoption.

Public Health Considerations for Cultural Adaptations in Dementia Caregiving Support

Professional Paper Presentation

***Dr. Lauren Parker*¹, *Dr. Fayron Epps*², *Mr. Jason Resendez*³, *Mr. Ocean Le*⁴, *Dr. Joseph Gaugler*⁵, *Dr. Ishan Williams*⁶**

1. Johns Hopkins Bloomberg School of Public Health, 2. Emory University, 3. UsAgainstAlzheimer's, 4. Diverse Elders Coalition, 5. University of Minnesota, 6. University of Virginia

Culture is essential in shaping our individual experiences and health. Yet surprisingly little attention has been paid to the interplay between culture and dementia caregiving. Dementia supportive services are not adequately tailored to meet the cultural needs of older adults and their caregivers, despite the projected rise in the racial and ethnic diversity of caregivers in the U.S. Leveraging work from a series of symposiums hosted by the Public Health Center of Excellence on Dementia Caregiving, the purpose of our presentation is to provide background and context on the unique role that culture plays in dementia caregiving, and how these cultural values can be used in practice. Specifically, we will highlight pivotal considerations for adapting caregiving supportive interventions for Black/African American, Latino/Hispanic, Asian American and Pacific Islander, and Native American communities. It is of particular importance to identify cultural patterns as these communities have distinct familial/tribal affiliations, and linguistic traditions may impact the use of dementia supportive services. We will also highlight best practices used to develop culturally adapted community-based interventions and partnerships to help engage racial and ethnic diverse dementia caregivers. It is critical that dementia interventions are mindful that the supportive programs are culturally adapted to meet the unique care needs of diverse communities. Findings from this presentation will contribute to the development of evidenced-based culturally tailored community-based supportive services to assist diverse dementia caregivers.

Relationship Quality, Loneliness and Social Isolation Among Older Adults During COVID19

Student Poster Presentation

***Ms. Jaylah James*¹, *Dr. Cassandra M. Germain*²**

1. North Carolina A&T State University, 2. North Carolina Agricultural and Technical State University

Social isolation and loneliness have been linked to higher rates of morbidity and mortality. Older age is associated with higher risks of social isolation and loneliness. Research suggests that the *quality* of relationships may buffer the negative effects of shrinking social networks. The aim of this current study was to describe loneliness, social isolation and the nature of social networks of adults 60+ during the COVID19 pandemic. Specifically we will describe the size, type (family vs. friends) and quality of social networks during COVID19. We also examined whether relationship quality was associated with social isolation and loneliness during the COVID19 pandemic. A subsample of $n=158$ community dwelling older adults (aged 60+) participated in a survey of social isolation conducted between April 28, 2020 to May 25, 2020 in the southeastern United States. Social Isolation and Loneliness were assessed using the Lubben Social Network Scale (LSNS-6) and UCLA 3-item loneliness scale. Approximately 37% of older adults reported feeling lonely during COVID19 pandemic and 33.5% experienced social isolation. The majority of older adults in our sample had sizable social networks ($M=17.4$, $SD=6.19$). On average, older adults reported feeling comfortable talking about private matters with 2 family members, but they reported feeling comfortable enough to report asking for help from 4 family members. Correlation analysis revealed that feelings of social isolation was significantly associated with the number of family members they felt close to ($p = .013$) and the number of family members that they felt comfortable asking for help ($p=.002$).

Reminiscence Intervention: Stress Risk Reduction for People Living with Dementia in a Smart Home

Professional Paper Presentation

Dr. Lisa Fournier¹

1. Texas State University

The relationship between a person diagnosed with dementia (PwDs) and their care partner can become unidirectional due to care partner stress burden, resulting in a loss of relationship connectedness (MacLeod et al., 2021). Interventions are needed to address care partner stress and to improve coping strategies for the good of the relationship (Shim et al., 2020). As Berk et al. (2019) state, “It is crucial for both caregivers and PwDs to learn to adapt to the changes...dementia brings and learn to cope with the physical, emotional and social challenges” (p. 2).

Reminiscence therapy, a non-pharmacological, strengths-based intervention, focuses on preserved abilities of PwDs to build cognitive elements and to help manage the functional and psychological symptoms of dementia (Berk et al., 2019; MacLeod et al., 2021). Research shows a positive impact on PwDs for improved quality of life, cognition, and mood (MacLeod et al., 2021).

Delivered as a group activity between PwDs and their care partners, reminiscence therapy, such as reviewing personal photos or listening to familiar music, can improve psychosocial well-being and reduce stress risk, encouraging a higher quality of connectedness in the relationship (MacLeod et al., 2021). Furthermore, with advances in technology, this traditional in-person intervention can be delivered via smart home technology. For example, using Sense Gardens that offer personalized stimuli enhanced through multisensory technology (Goodall et al., 2021).

Reminiscence group therapy intervention can act as a coping strategy to reduce stress and to improve social connectedness between PwDs and care partners in a smart home environment.

Representation Matters: Centering equity through culturally relevant recruitment strategies

Professional Paper Presentation

Dr. Ishan Williams¹, Dr. Lisa Wiese²

1. University of Virginia, 2. C.E. Lynn College of Nursing, Florida Atlantic University

The significant increase in the number of older adults in the US, particularly from rural areas as well as from racial/ethnic groups, has signaled the need for more appropriate strategies to address their health care needs through an equity lens. Those from rural areas and from racial and ethnic groups tend to experience poorer health status than their urban or White counterparts. More specifically, older adults who live in rural areas and also identify as a racial/ethnic individual, may experience a compounded burden of disease. The care needs and support services requested often illustrate complex and heterogeneous needs that some find difficult to address, but are essential in closing the disparity gap in care. Understanding the historical context of these populations and their engagement in research can reveal unique and equitable approaches, which can improve representation, access, and reduce barriers to participation in research. The importance of amplifying the intersection of multiple identities is also critical. The purpose of this session is intended to showcase culturally relevant recruitment strategies that incorporate understanding the characteristics of rural, racial and ethnically diverse older adults, with careful planning of inclusive and equitable approaches to research. Educators, researchers, and aging support service providers can learn strategies to engage with their communities more effectively to address structural inequities, including social determinants of health that shape health and illness.

Senior Center Directors' Perspectives on Casino Gambling

Professional Paper Presentation

***Dr. Kim Stansbury*¹, *Dr. Gillian Marshall*², *Mrs. Che Logan*³**

1. North Carolina State University, 2. University of Washington, 3. Liberty University

This study reports on findings from a qualitative study exploring senior center directors' perceptions on gambling-related harm in older adults. Due to the acceptance and popularity of casino gambling in older adults some senior centers are facilitating day trip or overnight trips to casinos. However, little is known if senior center directors and their staff are knowledgeable on gambling related harm in older adults. Because directors and staff have the potential to be gatekeepers to seniors experiencing gambling-related harm it is important that we explore their perspectives.

Inclusion criteria included being a director over a senior center in the state of Washington. A semi-structure interview guide asking questions based off concepts from the extant literature was used to collect data from 7 study participants.

Three themes emerged from the literature: lack of problem gambling awareness in older adults; perceptions and roles of senior centers in their local community; and senior center directors' perception of gambling. Themes along with subsequent narratives will be discussed in detail in the paper presentation.

Senior centers provide educational, recreational, and health-promoting activities that help improve the quality of life in those they serve. In this study all participants acknowledged their centers facilitate trips to casinos for recreational purposes. However, the participants along with their staff are not knowledgeable nor trained in recognizing gambling-related harms in older adults. Given the importance of senior centers in the lives of older adults, staff training in responsible gambling is important to help respond to and minimize gambling-related harms.

Silver Collar Crimes: What Our Aging Community Needs to Know Right Now

Best Practices Presentation

Mr. Anthony Palmieri¹

1. Clerk of the Circuit Court & Comptroller for Palm Beach County

Silver Collar Crimes (SCC) are financially motivated crimes intentionally perpetrated against elder persons with diminished cognition, using the court system or legal documents. SCC are a subsection of elder exploitation and include court-adjudicated guardianships, official land records, powers of attorney, wills, and trusts. Substantiated allegations of fraud in guardianships with the notion of court-oversight deteriorates the public's trust. Persons under guardianship are often the most silent and innocent victims, but sometimes there are ancillary or family victims as well. A smaller division of so-called victims have abhorrently unclean hands or exhibit symptoms of being mentally unhealthy themselves, some whose conduct precipitated their loved one's guardianship. Schemes occasionally involve unreasonably separating incapacitated persons from family; misusing psychotropic drugs, "off-label" usage of medications, or using over-the-counter anticholinergic medications that exacerbate dementia-like symptoms; or neglecting conditions such as urinary tract infections, depression, hypothyroidism, and diabetes. Greed, entitlement, rationalization, complacency, overreliance, disinterest, naivety, and negligence are contributing factors to guardianship fraud. The Palm Beach County Clerk's Inspector General, Guardianship Integrity Assurance Team, comprised of highly credentialed auditors and investigators, are tasked with rooting out fraud, material errors, and misconduct in the State of Florida. The IG team has jurisdiction of the approximate 3,000 guardianship proceedings in Palm Beach County and all misconduct involving the 550 state-registered professional guardians in any of the 50,000 guardianship proceedings in the state of Florida.

State Policies Concerning Disaster Preparedness for Home and Community-Based Service Providers

Professional Paper Presentation

Dr. Lindsay Peterson¹

1. University of South Florida

Older adults are among those most vulnerable to harm in disasters, such as hurricanes and wildfires. Nursing homes and other Medicare providers are subject to federal requirements to develop detailed disaster preparedness and response plans. However, millions of older adults receive care at home from non-Medicare providers who are under federal disaster preparedness rules that are less prescriptive than Medicare rules and subject to state interpretation. This study assessed the disaster preparedness policies, laws, and regulations for home- and community-based programs in 10 states, chosen for this study because they had high numbers of older adults and experience with different disasters. Using a series of question, such as whether home-based care providers were required to have disaster preparedness plans or to assist clients in disaster planning, we found considerable variation by state. The results raise questions about the protection provided to vulnerable individuals who receive care through home- and community-based programs in some states. However, the policies of other states, such as Florida and North Carolina, indicate an awareness that government has a significant role in protecting older adults who may be vulnerable to harm in disasters and that disaster preparedness should be considered as a key element of aging in place.

Strategies for engaging with African American faith communities in research

Technique or Tool Demonstration Workshop

***Dr. Fayron Epps*¹, *Ms. Mia Chester*², *Ms. Janelle Gore*¹, *Dr. Miranda Moore*¹**

1. Emory University, 2. Georgia State University

Disparities in many health outcomes often involve African American individuals. To achieve the highest impact for health care initiatives; effectively engaging with African American communities is crucial. One method to reach African American communities is to effectively collaborate with churches. Churches are often seen as the cornerstone of African American communities and should be regarded as a key partner in health care research. Churches have opportunities to respond to the health needs of their respective congregation and communities. In this interactive workshop, you will learn and brainstorm the application of effective strategies for engaging African American churches in promoting behavior change to enhance health equity for health care research. Strategies include: a) *Learning* the history of the church, b) *Selecting* the best person to represent your organization, c) *Having* a clear ask, d) *Engaging* in honest conversations with leadership, e) *Being* persistent and engaging in church-sponsored activities, and f) *Offering* a sustainability plan. The implementation of these strategies requires planning, time, and commitment. For example, Alter (nurse-led dementia-friendly congregation program) has implemented these strategies over a 2-year period and excelled in promoting brain health and reducing dementia stigma in African American communities. Health professionals and researchers can use these strategies within their practices and research to improve health and promote health equity for African American individuals and communities. Come ready to brainstorm and leave feeling energized and inspired with practical tools that you can begin using immediately.

Strategies to Engaging Black Caregivers of a Person Living with Dementia in Faith-Based Research

Best Practices Presentation

Ms. Mayra Sainz¹, Ms. Janelle Gore¹, Ms. Taylor James¹, Dr. Fayron Epps¹

1. Emory University

Black caregivers report caring for a person living with dementia (PLWD) at least 40 hours a week. To cope with the stress of caregiving, Black caregivers report utilizing religious practices. However, families may reduce or discontinue church attendance due to stigma, difficulty leaving the home, potential triggers at church or more recently the COVID-19 pandemic. Although technology may aid in accessing faith-based resources, it is unclear how feasible it is to engage with participants without in-person contact. This study describes how researchers can effectively engage with Black caregivers to provide online, faith-based resources. Data was extracted using semi-structured interviews and observation notes. A thematic analysis was employed to highlight the barriers and facilitators in engaging Black caregivers. All participants (n=13) identified as Christian, Black/African American, and were between the ages of 46 to 74. Most participants had a college degree (n=8) or attended some college (n=3). Four participants were employed at the time of the study, two full-time and two part-time. The following themes emerged as strategies for engagement 1) *schedule flexibility*, 2) *brief meetings*, 3) multiple forms of communication, and 4) *research team representative of study population*. The following themes were identified as barriers to engagement 1) *frequent doctor appointments due to co-morbidities of the caregiver and PLWD*, 2) *unstable internet connection*, and 3) *study length*. Research protocols aiming to engage Black caregivers via online platforms should prioritize using various forms of communication methods and account for barriers associated with caregiving.

Student Clinical Self-Confidence Surveys Support the Inclusion of Geriatric Training in Oral Health Care Provider Program Curriculum

Professional Paper Presentation

Dr. Patricia Bonwell¹, Dr. Sarah A. Marrs¹, Ms. Maddie McIntyre¹

1. Virginia Commonwealth University

Oral health is an important component of overall health, especially in older adults who suffer from more chronic health conditions. With the alarming growth of the geriatric population, research supports the inclusion of geriatric training in course curricula for future oral health care providers to improve understanding of the oral-systemic relationship, as well as increase the comfort level in treating members of this population. The Lucy Corr Dental Clinic (LCDC) focuses on serving members of the geriatric population that either reside in the skilled nursing facility in which it is located or participate in partnering community geriatric programs. The LCDC serves as a preceptor site for the rotation of dental and dental hygiene students from the [blinded] School of Dentistry. This collaboration enables an increase in the provision of oral health care in the clinic while educating and training future oral health care providers in the provision of proper oral health care treatment to members of the geriatric population. The supervised rotating students perform basic extractions; provide restorative and periodontal treatments along with instructions for oral hygiene. Results from Clinical Self-Confidence Surveys completed by students after participating in the rotation at LCDC demonstrate a strong need for this type of training to address limitations they express with providing oral health care to the geriatric population. Training programs like what is offered at the LCDC provide hands-on treatment and unique encounters that prepare future oral health care providers in properly treating members of the geriatric population.

Supporting “Sacred Selves” of People with Dementia

Professional Paper Presentation

Dr. Cindy Cain¹

1. University of Alabama at Birmingham

Most people assume they will be treated as “persons” in their daily life, and feel deeply violated when that assumption is not met. However, for people with dementia, their personhood increasingly is ignored or undermined as their disease progresses. In Goffman’s terms, dementia reduces the “sacred self” of people with dementia as others come to treat them as objects or non-persons. Attempts to improve care for people with dementia often center on supporting personhood, even as the person loses the ability to remember and communicate. However, extant approaches to personhood lack a deep understanding of the interactional contexts that support and undermine the personhood, or sacred selves, of people with dementia. Using ethnographic data from a locked memory care unit of a long-term care facility, I find that various different interactional orders provide opportunities for personhood supporting behaviors and that workers navigate these orders with a great deal of skill. These findings have implications for theories of the interactional order, understandings of care work, and improving care practices.

Teaching Mindfulness Across Generations: A Case Study

Professional Paper Presentation

Dr. Mary Ann Erickson¹

1. Ithaca College

While people interested in mindfulness can access teachings in many ways, learning situations that include interaction with instructors and other students can enhance learning. In particular, intergenerational groups can provide an important context for increasing generational awareness and decreasing ageism. In this case study, students and elders participated in a semester-long class about mindfulness including reading, discussion, and practice. The quantitative and qualitative data show that an intergenerational learning community is not only effective for teaching about mindfulness, but can serve to enhance understanding across the generations.

Telehealth in the Era of COVID-19: Age Differences in Virtual Healthcare Use

Professional Paper Presentation

Prof. William Hills¹, Prof. Matthew Murphy¹, Ms. Karen Hills²

1. Coastal Carolina University, 2. Beaufort Jasper Hampton Comprehensive Health Services, Ridgeland, SC

Healthcare in the U.S. has undergone a transition through the pandemic, reflecting the responsiveness of the healthcare system to societal needs. Older adults, comprising a high-risk group, have benefited significantly from the rapid move to telehealth. While older adults are not at greater risk for contracting covid, there are issues related to increased severity of symptoms, higher rates of hospitalization, higher rates of co-morbidities, and higher mortality rates if they do contract the disease. This study examined video-based, virtual healthcare access and utilization before and during the pandemic. Participants included traditional college-aged students, middle-aged adults, and retirement-aged persons (n = 685); measures included access to physical and mental health services, consumer satisfaction with type of service accessed, and anticipated use of virtual healthcare following the pandemic. Results showed that approximately half of participants had experience with virtual healthcare, with most of these cases during the pandemic. Virtual healthcare was more often used for physical compared to mental healthcare, with college-aged participants more likely to use mental healthcare services than adult and retirement-aged participants. Laptop computers were most widely used to access services, with smartphone use proportionally lower in retirement-aged participants. Overall satisfaction with virtual services was high, but college-aged participants trended toward a lower satisfaction than other age categories. Age differences in the types of services accessed, types of devices used, and satisfaction with virtual services support that technology-related access and usage must be addressed for virtual healthcare to develop to its full potential and reach equitably across the lifespan.

The Association Between Dementia, Polypharmacy, and Returns to the Hospital in Patients 75 and Older

Student Poster Presentation

Mr. Ryan Saffer¹, Dr. Gabriella Engstrom¹, Dr. Bernardo Reyes¹, Dr. Joseph Ouslander¹

1. Florida Atlantic University College of Medicine

Background: 30-day returns to the hospital are common among older patients. Both dementia and polypharmacy have been associated with increased hospital admissions in these populations.

Aims: Examine the association of polypharmacy and hospital returns with and without dementia, and determine reasons for hospital returns. We hypothesized that patients with both are most likely to have 30-day returns.

Methods: Analysis of consecutive non-ICU hospital admissions age 75+. Returns included visits to the emergency department and any admission within 30 days of discharge. Dementia and comorbidities were identified using ICD-10 codes and antidementia drugs. Polypharmacy was defined as ≥ 9 medications excluding vitamins. Chi-square analyses were conducted.

Results: Among 23,285 admissions, (20.2%) had dementia and of these (64.6%) had polypharmacy. Patients with both had significantly higher 30-day returns than patients with dementia alone (27.5% vs. 22.1%), with polypharmacy alone (27.5% vs. 24.0%), and with neither (27.5% vs. 17). Patients with both were significantly more likely to have comorbidities including COPD, diabetes, CHF, cerebrovascular disease, Patients with neither were significantly more likely to have malignancy. A stepwise multivariable regression showed that anemia, COPD, malignancy, hypoalbuminemia, and CHF were significant. Return visits among patients with dementia and polypharmacy were most frequently related to cardiovascular, infectious, pulmonary, gastrointestinal, and trauma diagnoses.

Conclusions: Patients with dementia and polypharmacy were most likely to have 30-day hospital followed by those with polypharmacy alone, and dementia alone. Patients with who returned commonly had other major comorbidities. Further research should develop interventions to reduce unnecessary returns in this population.

The Association Between Do-Not-Resuscitate (DNR) Status and Hospital Return Rates in Hospitalized Patients 75 and Older

Student Poster Presentation

Ms. Yousra Gheit¹, Dr. Gabriella Engstrom¹, Dr. Joseph Ouslander¹, Dr. Bernardo Reyes¹

1. Florida Atlantic University College of Medicine

Introduction and objectives: Patients with a Do-Not-Resuscitate (DNR) order at discharge may have higher comorbidity burden and hospital return rates.² The objectives of this study are to examine the relationship between DNR status and co-morbidity to 30-day hospital returns in patients ≥ 75 years.

Methods: This is a retrospective, secondary analysis using a database of patients ≥ 75 admitted to a community hospital from July 2015 to June 2017. Patients who expired were excluded. Patients were divided by DNR and non-DNR status present at discharge. Total 30-day hospital return rates (including emergency department and hospital re-admissions) were determined for each and compared. Chi-square examined the relationship between DNR status and 30-day hospital return rate. Multivariable logistic regression analyses identified significant demographic and clinical characteristics associated with hospital returns.

Results: 2,080 patients (8.9%) were discharged with a DNR order vs 21, 205 (91.1%) who were not. There was a statistically significant difference in total 30-day hospital return rates between DNR and non-DNR patients (26.2% vs. 21.1%, $p=.000$). DNR order at discharge was associated with 30-day hospital readmission (18.5% vs 14.4%, $p=.000$), but not with 30-day ED return rates (7.7% vs. 6.7%, $p=.077$). Higher comorbidity was associated with DNR status and 30-day hospital return (Charlson index 7.3 vs 6.4, $p=.000$). Multivariable logistic regression analyses illustrated that several patient characteristics were also associated with 30-day hospital returns.

Conclusion: Our results in patients with DNR directives are similar to previous studies that demonstrated DNR directives are associated with higher comorbidity and hospital returns.^{2,3}

The Call2Care Program: College Students' and Older Adults' Experiences of Participating in a Phone Reassurance Program during COVID-19

Professional Paper Presentation

Dr. Jennifer Zorotovich¹, Dr. Adrienne Cohen¹, Ms. Deb Blackburn¹

1. Georgia Southern University

Considering the ways in which social convoys change with normative aging processes, the creation and sustainability of programs that enhance social resources for older adults is critical especially knowing that meaningful socialization is important for continued well-being in later life (Cavanaugh & Blanchard-Fields, 2019). Drawing from socioemotional selectivity theory (Carstensen, 1993), we understand the inverse relationship between chronological age and social convoy size, leaving many individuals with fewer social outlets later in life. The extreme social distancing protocols required to enhance public safety in response to COVID-19 exacerbate older adults' already dwindled network of social outlets. For those already homebound, the risks for isolation are even greater. With this in mind, the Call2Care Program was born. Call2Care is an intergenerational telephone reassurance program linking college student and older, mainly homebound adults was developed with the goal of preserving and restoring some of the social connections lost due to aging and exacerbated by the current pandemic. Students make twice weekly phone contact for the duration of several weeks with the goal of having a 20-minute conversation with their matched adult. Data from approximately 50 student-adult dyads will be presented and results will surround participation from the perspectives of both students and adults. Discussions will focus on the short-term goals of Call2Care and long-term outcomes from such intergenerational programming.

The Changes of Social Relations after Disasters

Professional Paper Presentation

***Dr. Hosik Min*¹, *Dr. Roma Hanks*², *Dr. Denise Lewis*³**

1. University of South Alabama, 2. University of South, 3. university of georgia

This paper analyzes the changes in relationships among Cambodians and Laotians in Bayou La Batre, Alabama, from the disaster damage and recovery experience. The older Cambodians and Laotians have gone through war, violence, hunger, refugee camp, poverty, the loss of their loved ones, and their home countries. The communities lack language fluency and have notable cultural differences between the Deep South and their home countries. Nevertheless, the strong cohesiveness among the community members brings people together to overcome the damage, and religious leaders played an essential role in communities' recovery efforts. Meanwhile, younger people went through the American educational system and had no language barriers yet experienced racial and ethnic discrimination.

This study analyzed the relationship between survey respondents and their networks (e.g., family members and friends) by generation. A total of 231 Cambodian and Laotian adults participated in the online study, and the ordinary regression analysis was employed as a statistical strategy. The results showed that the relationships changed positively when people in the same network were closer and experienced the same difficulties, such as relocation and mental health problems. When the network had a person who played a central role, people embraced the challenge together and improved their relationships. The positive association between network constraint and the relationships suggested a leadership role in the network. However, hierarchical culture might negatively affect their network relationships when they have more kinship members, and the age difference between network members is more remarkable.

The effects of age in response to pain with low level laser therapy treatment; a pilot study

Professional Paper Presentation

*Dr. Daniel Curtis¹, Dr. Alex Habegger¹, Dr. LaVona Traywick¹, Dr. Reed Handlery¹, Dr. Dawn James¹,
Dr. Alexis Kendrick¹, Dr. Tony Varela¹, Dr. Teresa Brown¹*

1. Arkansas Colleges of Health Education

There is little research on the effects of age in response to pain with Low-Level Laser Therapy (LLLT). LLLT is a treatment modality used in the field of physical therapy (PT). Community dwelling participants were >18 years, experienced muscle/joint pain, underwent examination by PTs to determine appropriateness for LLLT, then experienced 12 sessions of LLLT in an interprofessional clinic on a college campus. Research team members were trained in the appropriate application of the class 3B laser device. LLLT dosage varied according to anatomical location treated and the WALT guidelines. Participants included 31 adults (22 females, 9 males), age range 29 to 77, mean age 55. Hip and thigh pain represented the most common area of discomfort (23%). Pre- and post-treatment measure was the Patient-Specific Functional Scale (PSFS); pre/post and each session measure was the Numeric Pain Rating Scale (NPRS). Results showed that age was statistically significantly and positively correlated (although weakly) with change in CURRENT and WORST reported pain as well as the first item on PSFS. There were no other significant correlations between age and outcomes. For CURRENT pain, age explained 9.2% of the variability in change in pain, not statistically significant ($p=0.054$). For WORST pain, age explained 13.4% of the variability in change in pain, statistically significant ($p=0.024$). Age explained 3.9% of variability in change in function, not statistically significant ($p=0.147$). In summary, as age increases, the magnitude of change in pain becomes greater with LLLT, meaning older participants tended to report greater positive changes in pain.

The impact of resident participation in daily facility activities on weight loss, decubitus ulcers, ADL function, and depression in nursing homes.

Student Poster Presentation

Mrs. Anne Richardson¹, Dr. Sandi Lane¹, Dr. Paul Moore¹

1. Appalachian State University

Many interventions have been utilized to assist older Americans in enjoying a better quality of life while residing in long term care facilities. Much of the literature on this subject focuses on these interventions, but very few, if any, examine the relationship between quality-of-life outcomes and attendance at daily activities. This case study explores residents' attendance at the scheduled daily activities in their nursing homes and quality of life outcomes. Unwanted weight loss, presence of decubitus ulcers, presence of depressive symptoms, level of cognition and loss of late loss ADLs were examined in a convenience sample in one North Carolina nursing home. A small sampling of data obtained through individual MDS records and daily activity attendance rolls at the nursing home was collected. This data was then analyzed using regression analysis. The statistical analysis of this small sample size is not indicative of general findings within the literature, but there is a proof of concept here which deserves further study. The literature supports the value of resident participation in daily activities and highlights the need to further investigate additional programs that encourage resident engagement.

The Influence of Hindu Philosophy on End-of-Life Care and Preferences Among Indian Americans

Student Poster Presentation

Ms. Divya Sriram¹, Dr. Jessica Allen¹

1. Birmingham-Southern College

Recently, organizations like the National Institute of Nursing Research and others have set forth research priorities to improve all processes involved in end-of-life (EOL) and palliative care. Addressing individual and cultural preferences for EOL care is one way to improve the EOL experience for patients and families. Preferences may be influenced by the intersection of a number of factors including culture, religion, family dynamics (e.g. filial piety) and geographic area. Among Indian American, culture is deeply intertwined with Hindu customs. Understanding how Hinduism affects EOL preferences among Indian American families is important for providing culturally competent care at EOL. To better understand how Hindu philosophy affects EOL decisions, the current study examined relationships between Hindu beliefs and practices with attitudes and preferences toward aging and EOL care. We first conducted a review of empirical and religious published texts regarding Indian and American EOL practices, Hindu philosophy (including the *Bhagavad Gita*). Based on major themes identified in the texts, we then completed 10 semi-structured, 1-hour interviews with first- and second-generation Indian American Hindus regarding their attitudes and beliefs surrounding EOL care. Major themes identified included: reduced pain management, greater emphasis and desire for family-centered care, greater use of resources for caregivers, and death-welcoming attitudes, especially related beliefs around *karma*, *moksha*, *samsara*, *atman*, *advaita*, and *dharma*. Data from this project may serve as a pilot study for future research priorities addressing the need for culturally competent EOL care among Indian Americans and their families.

The Joy of Dementia (You Gotta Be Kidding!) - Creating a New Performance of Dementia, and life

Self Care Wellness Workshop

*Ms. Mary Fridley*¹

1. East Side Institute/Reimagining Dementia Coalition

Across the world, there is a growing demand for more innovative, relational, playful and humanizing approaches to dementia care that are reimagining dementia away from the “tragedy narrative” toward community, creativity, joy and growth for *everyone*, regardless of age, life circumstance and/or cognitive or physical limitations. People living with dementia, care partners and other family/community members, activists, academics and artists are coming together to develop and advocate for new ways to practice and to advocate that support *everyone* in the “dementia ensemble” is empowered to create their lives, express their humanity and to move beyond stigma and shame.

This experiential workshop will use improvisational games, creative exercises and philosophical/performed conversation to explore what it means to create an environment which supports everyone involved in the “dementia ensemble” to enjoy the “non-knowing growing” that is possible with improvisational play. As actor and dementia advocate Karen Stobbe writes, “Flexibility, adaptability, spontaneity, listening, generosity, acceptance...characteristics of an improvisational performer. They are also qualities of an excellent care partner.”

We welcome everyone – program staff, advocates, caregivers, people with dementia, academics, artists, activists, dementia and health care professionals and family and community members – looking for more intimate and compassionate ways to live with memory loss, aging and dementia; who are interested in using diagnosis as a starting point for creativity; and who want to discover together how to have more connection, growth, inclusion, hope...and yes, joy in even the most difficult of life situations.

The Older Adult as Surviving Surrogate End-of-Life Decision Maker: A Case Study Analysis

Professional Poster Presentation

Dr. Francine Sheppard¹

1. *Western Carolina University*

Problem: Many surviving surrogate end-of-life decision makers (SDMs) are older adults who made healthcare decisions for other older adults. Physical and emotional strain on SDMs may result in poor coping and health-related complications. The goals of this case study analysis were to (1) identify facilitators and barriers to SDM coping and (2) compare the case to a decision-making model, the Three-talk Model of Shared Decision-Making, for model adherence.

Methods: Face-to-face interviewing with a SDM was conducted, describing a 60-year-old African American female who cared for her mother. She reported many physical and mental health issues. Interview transcripts were analyzed for coping facilitators and barriers. Comparative analyses with the case and decision-making model were performed, assessing for model adherence.

Results: Analyses revealed the coping barrier theme of *Family Conflict*. Five coping facilitator themes were identified: *Patient Involvement*, *Religiosity*, *Memory Keepsakes*; *Family Support*, and *Clinical Team Relationship*. Despite many positive case outcomes, decision-making model non-adherence contributed to missed conversations about palliative care and highlighted the importance of the model's Team-talk approach.

Conclusions/Implications: Some SDM health-related complications may relate to the degree of adherence to the decision-making model, noting areas of improvement opportunities for healthcare professionals. Given the prevalence of family conflict during end-of-life care, assisting older adult SDMs to cope with family conflict is needed. Further research is necessary to inform recognition of SDM mental and physical healthcare needs that may continue beyond a one-year bereavement period.

The Purple Flower Project: How Hospital Staff and Persons Living with Dementia Benefit from Dementia Training

Technique or Tool Demonstration Workshop

***Dr. Christine Jensen*¹, *Mrs. Denise Butler*², *Mrs. Elisa Lemmon*³**

1. Riverside Center for Excellence in Aging & Lifelong Health, 2. Riverside Center for Excellence in Aging and Lifelong Health, 3. Riverside Doctors Hospital Williamsburg

This workshop will address a Riverside Center for Excellence in Aging and Lifelong Health initiative to partner more closely with a local hospital, providing a prime opportunity to promote dementia awareness in both the Emergency Department (ED) and inpatient settings. Many of these staff have very limited, if any, training opportunities to advance their understanding of dementia and how to most effectively serve and care for persons with memory loss. If all involved are aware that the patient that they are interacting with is living with dementia, then more effective support can be provided increasing the opportunity for successful engagement with the patient and his/her family. This initiative, known as the Purple Flower Project, has three key components: 1) All team members in the facility are receiving training to promote person-centered dementia care and increase sensitivity and understanding while working with patients living with dementia; 2) A magnet with a purple flower image is placed and displayed in a patient's room when there is need to signify the patient is living with dementia. This magnet is a simple signal to the clinical team and other staff members to employ their training when approaching and caring for this patient; and 3) Family Care Packets are provided to family caregivers to build awareness of how hospital team members support their loved one with dementia. This packet provides additional resources including classes, research studies, and support groups. Next steps with this project will be discussed, including a linkage to community first responders.

The “new normal” and professional development in gerontology.

Technique or Tool Demonstration Workshop

***Dr. Ed Rosenberg*¹, *Dr. Graham Rowles*², *Dr. Paula Seffens*³, *Dr. Althea Taylor Jones*⁴, *Dr. Jodi Teitelman*⁵, *Ms. Rebecca Slossberg*⁵**

1. Appalachian State University, 2. University of Kentucky, 3. University of North Georgia, 4. ACAPcommunity, 5. Virginia Commonwealth University

The SGS Encore Committee is composed of SGS members with years of experience in both academic and practice sectors. A main Committee focus is to provide mentoring opportunities between older and younger members to promote younger members’ professional development. Mentorship areas include research, thesis/dissertation, teaching, academic/practice career preparation, program development, program evaluation, and program directing. This workshop will describe the mentoring process, introduce mentors with experience in each area, elicit attendee needs, and then break into one-on-one or small-group sessions for initial discussion of how an Encore mentor could help attendees meet their needs. Ongoing mentorship relationships will be encouraged.

Toil in the Time of Turmoil: Mastering Challenges and Cultivating New Pathways

Best Practices Presentation

Dr. Shannon Mathews¹

1. University of La Verne

Dr. Shannon Mathews, Ph.D., is a tested and successful leader in higher education. She has held leadership positions across numerous ranks in the academy and has experience in both public and private institutions. Her training and background as an anthropologist and gerontologist have provided a distinct frame for her success as a leader; and have been vital during efforts to navigate the pandemic. Her keynote discussion delivers a comprehensive overview of some the challenges faced by gerontologists, educators, clinicians, and service providers across a variety of sectors charged with serving an aging population. She highlights opportunities to not only survive this difficult time but to cultivate new approaches to the services delivered to a diverse aging population.

Transgender Adults Report Greater Cognitive and Related Functional Challenges: Findings from the 2015-2019 Behavioral Risk Factor Surveillance System

Professional Paper Presentation

*Dr. Ethan Cicero*¹, *Dr. Jason Flatt*²

1. Emory University, 2. University of Nevada, Las Vegas

Limited research exists investigating cognitive impairment among transgender adults, a population with elevated rates of health disparities and psychosocial stressors. The social inequities endured by transgender adults are linked to an increased risk of cognitive impairment in other marginalized groups. Subjective cognitive decline (SCD), a self-reported experience of worsening cognitive performance, may be the first clinical manifestation of Alzheimer's disease and related dementia (ADRD).

Methods: Data from the 2015-2019 Behavioral Risk Factor Surveillance System were analyzed to examine SCD (confusion/memory loss happening more often/getting worse during previous 12 months) and associated limitations (giving up day-to-day activities or interferences with ability to work/volunteer/engage in social activities) among transgender and cisgender adults (N=386,529 aged >45). Logistic regression methods were used to determine SCD and associated limitations prevalences and test for group differences in prevalence, demographics, and health conditions.

Results: Transgender adults were 1.7x more likely to report SCD (17.1% vs 10.6%, $P<0.001$) and 2.3x more likely to report SCD-related limitations (64.7% vs 44.4%, $P<0.0001$). Among those reporting SCD, transgender adults were younger (61.9 vs 65.2 years, $P=0.0005$), more likely to be a racial/ethnic minority (37.3% vs 19.5%, $P<0.0001$), a high school graduate (59.6% vs 43.4%, $P=0.0003$), uninsured (17.0% vs 5.5%, $P=0.0007$), and have a depressive disorder (58.8% vs 45.7%, $P=0.0028$).

Conclusion: Research is needed to further understand modifiable risk factors of cognitive impairment/ADRD among transgender adults. This understanding is necessary for intervention strategies for transgender adults who are at higher risk of cognitive impairment/ADRD, developing culturally relevant screenings, and shape policies to improve the brain health of transgender adults.

Transgender elders council: A community conversation about end of life care

Panel Symposium

**Dr. Cathy Campbell¹, Mr. Elder Johnaton Thunderword², Dr. Lisa Campbell³, Dr. Kim Acquaviva¹,
Ms. Dallas Ducar⁴**

1. University of Virginia, 2. Black Transmen, Inc., 3. East Carolina University, 4. Transhealth Northhampton

1.4 million people in the United States identify as transgender. Of those people, 217,000 are over 65 years of age. Given that 84% of people receiving hospice care in the United States are 65 years of age or older, transgender older adults (TOA) will be seeking hospice and palliative care (HP) services. However, little information exists to guide end-of-life (EOL) care for TOA. This presentation will describe a 2-day community discussion conducted to explore the current state EOL care for TOA and to make recommendations to guide EOL care and services.

Fourteen participants included TOA, advocates for transgender veterans and safe housing, leaders from regional groups representing older adults, HP care, social work, spiritual care, anthropology, history, and art. Using a video-conferencing platform the participants engaged in facilitated panel discussions and mindfulness practices each morning and in small group discussions each afternoon. Participants in the small group discussions were asked questions regarding EOL care such as the challenges encountered to access care and services, services that are not available and the resources needed to provide compassionate care.

Key findings included intersectionality of aging, gender identity, and race; economic instability, housing insecurity, limited access to mental health services, lack of knowledge by HP care staff, and unwelcoming faith communities. Implications for HP care and services will be discussed. While there is a role for educated HP care providers, compassionate EOL care will require a dynamic interprofessional team, including mental health services, housing advocates, and social work to access community resources.

Turning the Intangible into Measurable Data

Best Practices Presentation

Mrs. Gwennyth Johnson¹

1. Second Wind Dreams

Empathy is a key component of person-centered care and the provision of care for older adults and individuals living with dementia. The literature shows that empathy in the provision of care is associated with better adherence to healthcare protocols and increased patient satisfaction. Competent empathic person-centered care is intangible. What does it look like? How do we know when it happens and most importantly how do we measure it? Turning an intangible into something measurable is essential to motivate, train and learn from caregivers. A combination of simulation learning and observational assessments are key to measuring and addressing empathic person centered care delivery.

Understanding Formal Engagement Opportunities for Assisted Living Residents with Dementia

Student Poster Presentation

Ms. Jasmine Sease¹, Dr. Candace Kemp¹

1. Georgia State University

This poster examines engagement programming in four diverse assisted living (AL) communities involved in an ongoing five-year NIA-funded project (R01AG062310) examining meaningful engagement and quality of life among assisted living residents with dementia. The aims of this analysis are to: 1) examine the types of engagement programming offered to AL residents with dementia based on the care community, 2) identify the similarities and differences in programmed engagement opportunities across settings, and 3) identify common overlaps in activity categories. Data consists of 4 months of the site's monthly engagement calendars. I categorized the activities offerings by type: social, religious, intellectual, etc. Three out of four of the communities had formal event programming and activity calendars, while the smallest community didn't due to its limited resources. The largest contained three different neighborhoods with separate activity calendars. Residents living in larger, more funded facilities have more scheduled programming opportunities. Some activities are gendered and leave male residents out: cooking, baking, gardening, and salon days. Also, residents with lower cognitive and physical functions may be unable to participate in intellectual and physical activities like trivia, bingo, etc. Finally, some residents with mobility issues might not be included in special outings due to challenges transporting their wheelchairs and walkers. This issue is exacerbated in smaller communities with less resources. Field notes show that not all scheduled activities occurred, proving there is a discrepancy between what is planned and what happens. In future research, I will investigate causes of the discrepancies and their impact on residents.

Understanding Meaningful Engagement among Persons Living with Dementia

Panel Symposium

***Dr. Candace Kemp*¹, *Ms. Virginia Greer Heidbreder*¹, *Dr. Molly Perkins*², *Mr. Jason Lesandrini*³, *Dr. Alexis Bender*², *Dr. Elisabeth Burgess*¹, *Dr. Jennifer Morgan*¹, *Dr. Fayron Epps*²**

1. Georgia State University, 2. Emory University, 3. Wellstar Health Systems

Persons living with dementia frequently report that they lack meaningful engagement opportunities in their daily lives. Unknown is how to optimize engagement experiences among this heterogeneous population, including residents of long-term care settings. This symposium is based on our ongoing 5-year qualitative study, “Meaningful Engagement and Quality of Life among Assisted Living Residents with Dementia” (R01AG062310 to CLK). We present a study overview followed by four papers. The first paper examines the range of engagement opportunities available to assisted living residents with dementia, how opportunities become meaningful engagement experiences, and the influential factors. Analysis identifies the concept, “engagement capacity” as key to understanding and promoting meaningful engagement. The next paper examines the role of the salon in residents’ meaningful engagement experiences. Findings show that the salon and its services offer social and physical engagement with important implications for self-identity, embodiment, and self-narrative among residents with dementia. The third paper investigates the factors that shape family members’ role in meaningful engagement among residents with advanced dementia at end of life. Analysis shows that family members’ ability to maintain a substantive physical, social, emotional and/or spiritual connection with residents was central to their ability to promote meaningful engagement. The final paper presents an analysis of our data through an ethics lens. Findings demonstrate tensions between principles of autonomy and independence and resident safety as well as the pivotal role staffing levels and training play in residents’ daily lives and routines. We conclude with a discussion of implications for research, policy, and practice.

Universal Home Design-A Virtual Tool to Promote Aging In Place

Technique or Tool Demonstration Workshop

Mrs. Kathy Tutt¹, Ms. Laura Halladay¹, Ms. Laura Dillion¹

1. Ohio State University Extension

Universal Design is a worldwide movement that is based on the idea that all environments and products should be usable by all people, regardless of their age, size, or ability. Because this movement applies to everyone, the concept of Universal Design is known around the world as “design for all,” and “lifespan design.” The goal of the Universal Design project is to educate people about changes or repairs that result in their home being a comfortable, user-friendly, and safer place to live. While the concepts of Universal Design are applicable to all homes, it is particularly relevant to older adults. Universal Design home modifications can result in a home that they can remain in as they age. This concept is often referred to as “aging in place” and enables individuals to live independently in their homes for as long as possible, avoiding having to relocate simply because one’s home is too difficult to navigate. For the past nine years Ohio State University Extension has offered in person tours of it’s Universal Design home. The home is a permanent display located on state property. However, the COVID-19 pandemic led to many older adults quarantining at home. This resulted in the inability to attend in-person programming or exhibits. As a result, a virtual tour of the Universal Home Design Exhibit was created. The exhibit gives individuals the opportunity to virtually step into the exhibit from the safety of their own home. The virtual tour guides participants room by room throughout the display.

UPSLIDE Friends Connection Group: A Senior Center Program that is Reducing Social Isolation

Professional Poster Presentation

Ms. Melanie Lachman¹

1. Tallahassee Senior Center

This poster describes the award-winning UPSLIDE (Utilizing and Promoting Social Engagement for Loneliness, Isolation and Depression in the Elderly) program of the Tallahassee Senior Center (TSC), which combats loneliness, isolation and depression in older adults. These issues have growing prevalence in and devastating health impacts on older populations. This poster outlines implementation strategies and outcomes of the Friends Connection (FC) group, a major component of the UPSLIDE program. UPSLIDE addresses barriers that prevent individuals from being socially engaged. Although a non-traditional setting for mental health-related services, the program's placement within TSC brings many benefits to older individuals

We will describe how organizations can bring the program to their communities using the program's Friends Connection Facilitator Guide. Friends Connection groups form the core of UPSLIDE. The activities and topics are designed to build interpersonal connection, encourage relational insights, provide support, enhance social wellness skills and promote reflection. The Facilitator Guide provides detailed information on preparation, logistics, marketing, facilitation, evaluation and a step-by-step activity guide with detailed instruction on how to conduct 60 unique activities.

Using Personal Narrative to Prevent and Intervene in the Abuse of Older People: Lifting up the Voices of Older Survivors

Professional Paper Presentation

***Dr. Pamela B. Teaster*¹, *Dr. E. Carlisle Shealy*¹**

1. Center for Gerontology, Virginia Tech

As one of several national-in scope-projects, the Office of Victims of Crime selected the project entitled *Lifting up the Voices of Older Survivors* through a competitive grant solicitation, *Field-Generated Innovations in Addressing Elder Abuse and Financial Exploitation Program*. The LUV project involved the creation of nine videos and discussion guides on intimate partner abuse, sexual abuse, stalking, and financial abuse of older survivors. Interviews of the experiences of eight women and one man served as the basis for the nine videos that included survivors living in rural and urban locations in Arizona, Colorado (2), Washington, Massachusetts, Maine (2), and Virginia. In addition to the videos and study guides, the project involved an evaluative component, which was conceived to understand, in the long-term, how the videos were used and their effectiveness. The purpose of this presentation is to highlight the topics presented in the videos, in particular, financial abuse, as well as to show the results of the evaluation, including participants' ratings of the videos, how the videos were used in presentations, and how showing audience members the videos encouraged changes in practices, attitudes, or both.

Utilization of Nutritional Services by Low Income Elders in Tennessee

Professional Paper Presentation

Dr. Brandon Wallace¹, Dr. Ronald Aday¹

1. Middle Tennessee State University

Although federally-funded programs designed to address food security among seniors exist and a variety of community agencies and organizations work to combat food insecurity, utilization of these services is often limited. This paper presents findings from a 2016 study addressing food insecurity in Tennessee. Using a sample of 5000 elder households with incomes of \$35,000 or less, a team of five researchers conducted telephone interviews using an online interview guide. A total of 434 interviews were completed. Data were collected on demographic and personal characteristics as well as utilization of food and nutrition services such as SNAP, home delivered meals, USDA commodities, congregate meal sites, and food pantries.

None of the nutritionally supportive services were used by more than 20% of the sample. SNAP was the most widely used at 17.3%. Food pantries (13.6%), USDA Commodities (13.4%) and congregate meal sites (11.5%) were used less frequently. Home delivered meals were least common (4.8%). As expected, those below the poverty line or having low food security scores were most likely to utilize the services, though utilization remained limited. For example, while 56.8% of the Very Low Food Security Group used food pantries and 39.5% used SNAP, only 14% used home delivered meals, 20.5% used congregate meal sites, and 27.3% used USDA commodities. The paper concludes with a discussion of factors that impact utilization of these services focusing on reasons given by respondents in the survey. Recommendations for increasing utilization are provided.

Utilizing Recommended Physical Activity Guidelines for Aging with Dignity and Style

Self Care Wellness Workshop

Prof. Harold "George" Philippi Jr.¹

1. Radford University

Did you realize that the differences between physical activity guidelines for adults and older adults are the same for the base amounts and types of physical activities? The older adults were also given four additional guidelines to consider:

1. Older adults need to use a multicomponent mixture for their physical activities, meaning that they should incorporate aerobic, resistance and balance training each session.
2. As aging occurs, the intensity (effort) for the physical activity should be based from their fitness level.
3. Knowing about any chronic health issues and how they affect one's ability to perform physical activities should be understood.
4. If older adults cannot do 150 minutes of moderate physical activity per week due to chronic health issues, they should be as physically active as their health condition allows.

I assume most of us, the medical professionals, physical and occupational therapists, caregivers, and exercise physiologists have seen and pretty much know these by heart. But I wonder, if we have done enough explaining because the physical activities, time recommendations and effort levels are seen as odious tasks that we are preaching to others. Might we get better acceptance and adherence by promoting physical activities that the individuals find more enjoyment from doing, think fun factor, instead of the common thoughts of required sweating?

I would be interested in any thoughts on this and already established routines that work for clients/patients and what you might consider best practices. Let's explore fun in movement as we age!

Validation of the Chinese version of the Resident Satisfaction in Long-term Care Facilities

Student Paper Presentation

Dr. XIAOLI LI¹, Dr. Qiwei Li², Prof. Stan Ingman¹

1. University of North Texas, 2. Johns Hopkins University School of Nursing.

Background

Due to fierce competition in the long-term care industry and popularity of person-centered care models, resident satisfaction has become a key indicator in assessing service quality. However, such assessment has been insufficient in China due to limited validated measuring instruments in Chinese. We aim to translate and validate a Chinese version of resident satisfaction assessment based upon Ohio Long-term Care Resident Satisfaction Survey (OLCRSS).

Method

An external specialist team assessed the translated items of OLCRSS and provided content validation scores (CVI). Criterion-related validity was determined by measuring the correlation between the Chinese version OLCRSS, a global satisfaction, a quality-of-life questionnaire, and a depression measurement. The reliability was assessed by Cronbach alpha and intra-class correlation coefficients. We conducted an exploratory factor analysis to examine the structure of the Chinese version OLCRSS. A total of 172 older adults recruited from Shanghai, China, participated in this study.

Results

The Chinese version OLCRSS demonstrated excellent validity, with the CVI = 1.0, ICC = .96, $p < .001$, and a Cronbach alpha = .96. The Chinese version OLCRSS was significantly correlated with quality of life ($r=.267$, $p < 0.01$), with the global satisfaction ($r=.309$, $p < 0.01$), and had negative correlation with depressive symptoms ($r = -.044$, $P = .498$). The exploratory factor analysis implied a slightly different structural relationship between items.

Conclusions

The Chinese version OLCRSS is a valid and potentially useful instrument for assessing the resident satisfaction in long-term care facilities among the older Chinese population and in Chinese contexts.

Volunteering, Educational Attainment, and Adult Literacy Skills by Racial Groups across the Life Stages

Student Paper Presentation

***Ms. Donnette Narine*¹, *Dr. Takashi Yamashita*¹, *Ms. Wonmai Punksungka*¹, *Ms. Abigail Helsinger*², *Dr. Jenna Kramer*³, *Dr. Rita Karam*³, *Dr. Phyllis Cummins*²**

1. University of Maryland, Baltimore County, 2. Miami University, 3. RAND Corporation

Despite the wider benefits of volunteering, including physical, mental, and social well-being throughout the adult life course, an array of racial and socioeconomic (e.g., education) inequalities is linked to volunteer participation. Educational attainment is generally difficult to modify, compared to foundational skills such as adult literacy. Thus, the objective of this study was to examine complex associations among volunteering, education, and literacy by age and racial groups. We analyzed nationally representative data from the 2012/2014/2017 Program for International Assessment of Adult Competencies (PIAAC) restricted-use file ($n = 7610$). Based on the suggested theoretical framework, we used the multigroup (defined by age group and race) structural equation model to test the relationship between volunteering (yes vs. no in the last 12 months) and education (college degree or higher vs. less than college), and mediating/attenuating effect of literacy (score 0-500), and subsequently, the mediation relationship was examined by life stages (10-year age groups between age 25 and 74) and race (Black vs. White). Results showed that education and literacy were positively associated with volunteering regardless of life stages or race. There were no statistically significant differences in the estimated mediation effects between Black ($b = 0.04$ to 0.08 , $p < 0.05$) and White adults ($b = 0.05$ to 0.07 , $p < 0.05$) across age groups. Our findings suggested that policy-level intervention on modifiable adult literacy has great potential not only to promote volunteering but also to reduce social inequality by age and race. Other detailed results, interpretations and policy implications are evaluated.

What Matters Most: CNA Perspectives on Workforce Education, Professional Identity and Age Friendly Care

Professional Paper Presentation

Ms. Annie Rhodes¹, Ms. Shannon Arnette¹, Dr. Leland H. Waters¹

1. Virginia Commonwealth University

Certified Nursing Assistants (CNAs) are an integral part of the nursing home workforce, performing 90% of direct care and providing emotional support and companionship to residents and families. Subsequently, CNAs are the first line of defense in alerting providers to changes in resident health status. CNAs also frequently navigate behavioral challenges in common yet under-recognized conditions prevalent in nursing home residents, such as delirium, dementia(s), and depression (3D's). There is no standardized national curriculum for CNA training, and consequently, there is much variance in CNA competency when it comes to these conditions.

Focus groups were conducted with nursing home CNAs. Participants were asked about gaps in primary and ongoing CNA education related to the 3D's, and their preferences or barriers to accessing educational content and delivery (i.e., web-based or classroom-based). Focus groups were framed around the 4M-s of Age-Friendly care, encouraging CNAs to reflect on "What mattered most" in their work. CNAs were surveyed with demographic and professional identity scales and were compensated an equitable living wage for their time. Transcripts were coded for themes in educational content preferences, educational delivery preferences, comfort with the 3Ds, and CNA perspectives on "What mattered Most."

Embracing the direct care workforce sector is crucial to improving the overall quality of nursing homes. As interdisciplinary care becomes the standard practice, analyzing educational gaps in CNA education and creating precision education that is accessible is crucial to supporting the retention of a robust and empowered workforce.

When Disaster Strikes

Technique or Tool Demonstration Workshop

Mr. Matt Hudson¹

1. Florida PACE Providers Association

This presentation will discuss the importance of disaster planning and preparedness for individual entities and facilities. The attendee will also gain insights on what to do after a disaster, which is a crucial period of time for any entity of facility. This session will feature many real life situations from disaster events, which will certainly get participants thinking about what they can do when disaster strikes.

This presentation will address the following questions:

What does my entity (facility) need to do when disaster strikes?

Where can my entity (facility) go to for help when disaster strikes?

When is the best time to prepare for disaster striking?

Who can be a source of central contact and information collection after disaster strikes?

Why should my entity have a well drilled plan for when disaster strikes?

Working with Patients Diagnosed with Alzheimer's Disease from the Looking Glass of the Occupational Therapist & Collaborative Actions with Social Workers to Educate Patients and Families

Student Paper Presentation

Ms. Annah Steadman¹, Dr. Stacy Lee¹

1. University of North Alabama

The purpose of this study was to obtain a better understanding of how the diagnosis of Alzheimer's Disease of a patient may affect the quality of life within the field of geriatric occupational therapy and interactions between the Occupational Therapist and patient. Six Occupational Therapist, who are National Board for Certification in Occupational Therapy (NBCOT), and have a combined average of 12 years of working experience with patients diagnosed with Alzheimer's Disease participated in the study. Participants were asked questions regarding their experiences with patients, including challenges, psychological and sociological implications of the diagnosis, social interactions, notable changes between disease early stages and late stages, and different/varying approaches utilized with patients. Participants were also asked if religion played a role in patients' completion of Occupational Therapy and any recommendations for improving quality of life. Participants completed an open-ended survey allowing time to consider the questions carefully before responding and to provide details and purposive responses. Inductive coding was then utilized and the following six common themes emerged: family involvement and lack of understanding, safety awareness, communication, desire to do therapy, the Occupational Therapists altered approach with a patient in the earlier versus the later stages of the disease, and ways of improving quality of life. In this presentation, we will discuss the six themes and include recommendations based on the findings. Based on research findings, we will discuss collaborative efforts with social workers to educate and advocate for patients with Alzheimer's to prepare themselves and families for disease progression.

“Are we aging side by side?”: Renegotiations in late life self and roles of left-behind overseas workers’ wives

Professional Poster Presentation

Dr. Karel Joyce Kalaw¹

1. University of Central Oklahoma

Studies on the impact of transnational migration on gender identities, norms, and conventions have been predominantly presented in the literature. However, less attention has been paid to the potential that labor migration offers for the renegotiation and reconstruction of late-life roles and expectations of spouses upon return. This qualitative study explores the lived experiences of overseas Filipino workers (OFW), left-behind wives, as they navigate their later selves while raising children with an absent husband and upon returning home. The case of the Philippines is important to highlight as Filipinos choose to work overseas to support their families better financially. In so doing, married individuals are forced to leave their spouse and children in the Philippines, and wives are compelled to fulfill both the roles of the father and the mother in the family. Participants for the study were purposively selected based on the set criteria. Data was collected through in-depth interviews and the use of cross-culturally Filipino methodology. Findings showed that the wives were slow to accept that they were aging and later in life. With the husband being away, the nature of marital relations is often thought about. The study described their challenges as left-behind wives and adjusting to a life of having an absent spouse and upon his return. In sum, the study shed a better understanding on later life self, changing women roles and quality of life among left-behind wives.

“Forgive as you are forgiven”: Examining sacred relationships and forgiveness among older African American couples

Professional Paper Presentation

***Dr. Antonius Skipper**¹, **Dr. Andrew Rose**²*

1. Georgia State University, 2. Texas Tech University

Both viewing one’s romantic relationship as religiously sacred and forgiving one’s partner have been noted as relational boons. However, little is understood about these constructs within older African American couples. This existing dearth is particularly concerning given the often salient role of religion in the lives of older African Americans, along with their frequent experiences of relational instability, in comparison to other racial and ethnic groups. In an effort to address existing gaps in knowledge, this study sought to dyadically examine the relationship between sanctification in romantic relationships and experiences of forgiveness among older African American couples. A total of 194 African American couples (with both partners aged 50 and older) were sampled through the Strong African American Couples Project. Actor Partner Independence Models were used to analyze the data, and findings revealed that men’s level of sanctification was significantly associated with their tendency to forgive their partner and the belief that their partner often forgave them. No significant relationships were associated with women’s level of sanctification. These findings highlight potentially important relational connections between sanctification and forgiveness. In addition, these findings offer a glimpse into understudied relational constructs that could potentially inform and strengthen the romantic relationships of older African Americans.

“Just Don’t Panic.” Lessons on How to Prepare for a Disaster While Caregiving for A Loved One Living with Dementia

Professional Paper Presentation

Dr. Debra Dobbs¹

1. University of South Florida

Emergency preparedness during disasters (e.g., hurricane, pandemic) is critical as they disrupt the functions of daily life. Their impact is magnified when it concerns older adults who are at heightened risk of harm because of sensory impairments and comorbidities associated with age. Among the more disabling conditions of late life are Alzheimer’s disease and related dementias (ADRD). Therefore, it is vitally important to understand more about disaster preparedness for those living with ADRD and the informal caregivers who are responsible for keeping them safe. In partnership with the Alzheimer’s Association of Florida, focus group and individual interview data was collected between April and September 2021. The sample included 49 family caregivers of persons living with ADRD (10 Hispanic, 12 Black, 27 White). Interview questions focused on their prior disaster experiences as well as their beliefs and concerns about their preparedness should they be impacted by a future disaster. Participants also provided insight about where they go for information about disasters, how the available information can be improved, and suggestions for resources that can support family caregivers of those living with ADRD during an emergency. The interviews were transcribed and coded using a team coding approach in Atlas.ti version 9. Initial analysis identified four overall themes including: 1) Barriers to Preparing, 2) Reasons to Prepare, 3) Necessary Items to Have During a Disaster, and 4) Preparedness Facilitators. By attending this session, participants will learn strategies for how to promote disaster preparedness among culturally diverse caregivers of persons living with ADRD.

“We’re in this together!”: Doing duoethnography as aging scholars

Professional Poster Presentation

***Dr. Karel Joyce Kalaw*¹, *Ms. May Frances Johnson*¹**

1. University of Central Oklahoma

In this paper, we discuss the duoethnographical approach to extend and heighten our interpretations of ourselves as scholars in the field of aging. As a starting point for our discussion, we critically reflect on the focussed dialogue between the authors. Then, we explore how this may arise by reflecting on researcher identity through a duoethnographic approach. This approach is a collaborative form of autoethnography between two researchers as the researchers themselves become the study participants. The dialogue between the researchers suggests similar or different experiences on a focused topic or research question. Our own dialogue as non-white women in higher education represents the transformative power of articulating ourselves in a space created to honor and recognize our race, ethnicity, and gender. The themes that deal directly with identity development can promote a deep understanding of aging and quality care for the vulnerable older adult population. Overall, this paper seeks to challenge traditional ways of doing research and nondominant methods in aging studies through the process of thoughtful dialoguing around and writing about the development of co-researching practices between scholars and reflect on our developing relationship as duoethnographers.

“Why are they so stubborn?”: Building Student Empathy Through Simulation

Professional Paper Presentation

***Dr. Celeste Hill**¹, **Dr. Charles Ford**¹*

1. Samford University

Tremendous growth in the older adult population has prompted further investigation into the ways we can educate younger generations about the challenges faced by our aging populace. As educators, we desire to foster empathy and awareness of these challenges within our student population. Experiential learning has been known to produce: an increase in students' content knowledge and skills; statistically higher outcomes in application of coursework to everyday life than comparable students not engaged in experiential learning; improved critical thinking skills; and statistically significant increases in ability to analyze increasingly complex problems. (Fedesco, Cavin, & Hernanes, 2020) The current project was completed through a collaboration between students enrolled in two courses from diverse fields of study: Gerontology and the Family and Building Systems II. Building Systems II addresses the challenges of aging by studying strategies for universal design and aging in place. Gerontology and the Family is designed to educate students about the physical, cognitive, social and emotional changes in late adulthood and how it affects the individual and family. Approximately 40 students participated in a simulation to experience common physical, visual, and hearing impairments faced by individuals in late adulthood. Each student spent one hour engaging in individual simulation activities. Following completion of the simulation, students completed a written reflection of their experience. Reflections were analyzed for common themes among student responses. Themes included a heightened sense of frustration that turned into hopelessness, a loss of independence, general disorientation, a sense of embarrassment, and increased empathy for the elderly.

“You know, I swipe my card and hope for the best”: Technology and Cognition as Dual Landscapes of Change

Professional Paper Presentation

Dr. Kendra Heatwole Shank¹

1. Towson University

Mild cognitive impairment (MCI), or objective and subjective cognitive decline, affects an estimated 15-20% of individuals over the age of 65 (Alzheimer’s Association, 2018). People with MCI (PMCI) generally live in community settings yet experience functional challenges associated with decline in memory and executive function. These cognitive changes directly impact participation in instrumental activities of daily living (IADL) that are essential to continuing to age in place (Thoma-Lurken et al., 2018; Riley et al., 2014). Participation may be curtailed or extinguished (Bruderer-Hofstetter et al., 2021), particularly when the IADLs are cognitively demanding or complex (Altieri et al., 2021).

Technology is part of the interface in complex person-place relationships. The purpose of this research was to use go-along interviews with PMCI to better understand the nature of technology use in the context of daily life situations. Community-dwelling older adults with MCI (MoCA <26, >17; (n=10) were recruited for data collection using a Go-along method (geospatial mapping, naturalistic observation, semi-structured interviews and photography) for multiple out-of-home activities. Findings from this project suggested that participants felt that technology, like their cognition, was out of their control and difficult to predict or change. Four ways the participants experienced the ‘technology landscape’ in their daily lives included: enabling being present, facilitating participation, impeding goals, and constricting options. We present a model of the intersection of cognition, participation, and technology in daily life, and discuss ways that technology can most effectively be used to extend wellbeing for a population aging in place.

Authors Index

Acquaviva, K.	112	Butler, D.	108
Adams-Price, C.	18	Cain, C.	76, 96
Aday, R.	119	Campbell, C.	112
Ahmad, W.	25	Campbell, L.	112
Aiken-Morgan, A.	17	Carter, K.	22
Al Amin, S.	61	Casstevens, W.	78
Allaire, J.	17	Chen, Y.	25, 37
Allan, A.	17	Chester, M.	84, 93
Allen, J.	105	Cicero, E.	72, 111
Allen, P.	44	Claver, M.	83
Andrew, N.	7	Clevenger, C.	64
Andruszkiewicz, G.	11	Cohen, A.	80, 101
Ansello, E.	81	Coogle, C.	81
Appert, K.	37	Couture, G.	59
Arias-Merino, E.	23	Cummins, P.	75, 122
Armah, H.	34	Curtis, D.	103
Arnette, S.	123	Davenport, M.	31
Atkinson, J.	70	Davis, K.	81
Bah, F.	33	Desmarais □, L.	77
Beam, E.	42	Diggie-Fox, B.	68
Bender, A.	115	Dillion, L.	116
Bhattacharyya, K.	8, 30	Dobbs, D.	8, 128
Black, K.	30	Doshier, K.	48
Blackburn, D.	101	Dragan, D.	43
Boakye, A.	34	Ducar, D.	112
Bonwell, P.	95	Dunbar, S.	14
Bower, K.	37	Dunfee, L.	60
Bradley, D.	53	Engstrom, G.	99, 100
Brandes, E.	6	Epps, F.	84, 86, 93, 94, 115
Brilliant, S.	83	Erhunmwunse, G.	71
Brown, C.	51	Erickson, M.	97
Brown, J.	16	Ermoshkina, P.	40
Brown, T.	24, 103	Ferguson, L.	37
Brummitt, C.	19	Fisk, T.	54
Brune, K.	29	Flatt, J.	72, 111
Bundy, E.	71	Flores-Villavicencio, M.	23
Burgess, E.	25, 115		
Burkhardt, H.	57		

Ford, C.	130	Jenkins, K.	13
Fournier, L.	88	Jennings, A.	9
Fridley, M.	106	Jensen, C.	20, 108
Fugate-Whitlock, E.	73	Johnson, G.	113
Gallagher, M.	50	Johnson, M.	66, 129
Gamaldo, A.	17	Jordan, K.	50
Gaugler, J.	86	Kahana, E.	40
Germain, C.	27, 87	Kalaw, K.	126, 129
Gheit, Y.	100	Karam, R.	122
Glose, S.	68	Kemp, C.	114, 115
Goins Jr., T.	57	Kendrick, A.	103
Gore, J.	84, 93, 94	Kramer, J.	122
Greer Heidbreder, V.	115	Krishnan, S.	59
Griffin, T.	24	Kyner, M.	55
Habegger, A.	103	Lachman, M.	117
Hagemann, L.	7, 43, 82	Lahar, C.	5
Hall, F.	6	Lamb, B.	57
Halladay, L.	116	Lane, S.	57, 104
Hancock, C.	13, 45	LaPlace, P.	83
Handlery, R.	103	Le, O.	86
Hanks, R.	102	Lee, A.	17
Harris, M.	15	Lee, S.	2, 125
Heatwole Shank, K.	131	Lemmon, E.	108
Helsing, A.	122	Lentz, J.	52, 74
Hensley, M.	6	Lesandrini, J.	115
Heo, J.	67	Lewis, D.	102
Hicks Patrick, J.	22	Li, Q.	121
Hill, C.	130	LI, X.	121
Hill, H.	51	Little, K.	55
Hills, K.	98	Logan, C.	90
Hills, W.	98	Luci, K.	7, 82
Hochman, M.	44	Mackiewicz, M.	36
Hogue, R.	50	Malatyali, A. (Texas A &M University)	38, 39
Hou, S.	1, 35, 65	Malatyali, A. (Texas A&M University)	41
Hudson, M.	124	Mandala, M.	59
Ingman, S.	121	Marks, S.	50
Israel, S.	18	Marrs, S.	21, 81, 95
James, A.	37	Marshall, G.	90
James, D.	103	Martin, D.	44
James, J.	87	Mathews, S.	110
James, T.	94	McCarty, J.	56
Jarmul, C.	7	McClinton, T.	47

McIndoe, E.	50	Price, K.	73
McIntyre, M.	95	Price, L.	49
McQueen-Gibson, E.	20	Punksungka, W.	122
McRae, K.	25		
Medders, L.	64	Quinlan, M.	45
Mendoza Ruvalcaba, N.	23	Qureshi, K.	4
Millar, R.	75		
Min, H.	102	Rahemi, Z.	39, 41
Mitchell, I.	61	Rakes, S.	63
Molinari, V.	30	Ratliff, K.	28
Moore, M.	93	Reindl, D.	5
Moore, P.	104	Reres, A.	35
Morgan, J.	25, 115	Resendez, J.	86
Morrison, S.	61	Reyes, B.	99, 100
Munly, K.	42	Rhodes, A.	21, 123
Murphy, M.	98	Richardson, A.	104
		Roberts, S.	5
Nadeau, A.	5	Rodríguez-Díaz, M.	23
Narine, D.	122	Rose, A.	127
Nejtek, V.	48	Rosenberg, E.	109
Newsham, T.	13, 73	Rowles, G.	37, 109
		Royster, L.	25
O'Hara, C.	21	Rusch, A.	22
O'Neill, L.	29, 79	Ryu, J.	67
O'Sullivan, K.	46		
Obeng Boateng, A.	84	Saffer, R.	99
Oldridge, L.	19	Sahoo, S.	75
Ottmar, H.	7	Sainz, M.	94
Ouslander, J.	99, 100	Salvatore, M.	48
		Sapra, M.	82
Padir, T.	53	Saviers, B.	24
Palmieri, A.	91	Savla, T.	82
Park, C.	85	Schlesinger, C.	83
Park, M.	44	Scholar, A.	57
Park, S.	85	Schwartz, A.	37
Parker, L.	86	Sease, J.	114
Parsons, P.	81	Seffens, P.	109
Pate, M.	73	Shaffer, T.	42
Patel, K.	3	Shealy, E.	3, 12, 118
Patterson, D.	21	Sheppard, F.	107
Pearce, A.	12	Shreeniwas, S.	61
Perkins, M.	115	Skipper, A.	127
Peterson, L.	8, 92	Slattum, P.	36, 81
Philippi Jr., H.	120	Slossberg, R.	109
Phillips, S.	77	Soto, I.	48

Sriram, D.	105	Vázquez-Arias, M.	23
Stansbury, K.	78, 90	Wallace, B.	119
Steadman, A.	125	Ware, M.	4
Sweeney, T.	26	Wassel, J.	49
Tait, E.	58	Waters, L.	36, 81, 123
Taylor Jones, A.	6, 109	Weese, R.	50
Taylor, J.	44	Whitbourne, S.	30
Taylor, T.	77	Whitfield, K.	17
Teaster, P.	3, 12, 28, 118	Wiese, L.	38, 39, 41, 62, 89
Teitelman, J.	20, 109	Williams, I.	62, 81, 86, 89
Thorne, C.	10	Wilson, A.	77
Thorpe, Jr., R.	17	Wright, R.	17
Thunderword, E.	112	Yamashita, T.	75, 122
Tindall, L.	45	Yelvington, M.	21
Traywick, L.	24, 103	Yin, C.	29, 79
Troutman-Jordan, M.	32	Zellers, S.	4
Tucker, G.	69	Zhan, R.	29, 79
Tutt, K.	60, 116	Zimmerman, K.	81
Varela, T.	103	Zorotovich, J.	26, 101
Violette, J.	5		

